

## Health Savings Account (HSA) Application

\*= Required Fields

### Step 1 of 5: Account Holder Information

<input type="text"/>	<input type="text"/>
*Employer Name (Do not abbreviate)	*Employee ID Number
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Account Holder Name (First, MI, Last)	*Social Security Number
<input type="text"/>	<input type="text"/>
*Physical Address (Cannot be PO Box)	*Email Address
<input type="text"/>	<input type="text"/>
*City	*State      *Zip
<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
*Day Telephone	*Birth Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
	*Hire Date (mm/dd/yyyy)
	<input type="text"/>

### Step 2 of 5: HSA Election for Current Tax Year

**HDHP Coverage Level**  
\*(Please circle one)

**Single / Family**

\*HDHP Coverage Date

**Note:** There may be tax consequences if HSA contributions exceed the IRS governed limit. To determine the maximum HSA contribution for the current tax year visit [www.discoverybenefits.com](http://www.discoverybenefits.com)

### Step 3 of 5: Designation of Death Beneficiary

All of the following information is required should you choose to designate any primary or contingent beneficiaries. Share percentages must be whole numbers totaling 100%. HSA beneficiaries can be updated by logging into your account at [www.discoverybenefits.com](http://www.discoverybenefits.com).

Name	Social Security Number	Birth Date	Address	Primary or Contingent	Relationship	Share %
				Primary		
				Contingent		
				Primary		
				Contingent		
				Primary		
				Contingent		

**If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary.** I understand if any primary or contingent death beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining death beneficiary(ies) shall be increased on a pro rata basis. If more than one primary death beneficiary is designated and no distribution percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary death beneficiary(ies) survives me, the contingent death beneficiary(ies) shall acquire the designated share of my HSA. If I do not designate a death beneficiary, or if all of my primary and contingent death beneficiary(ies) predecease me, my estate will be the death beneficiary.

Please check one of the following:

- I am not married and designate the individual(s) listed above to receive death benefits from the plan in accordance with the plan provisions.
- I am married and I understand that if I choose to designate a primary death beneficiary other than my spouse, he or she must agree to the designation by signing below.

Signature of Spouse

Date



**Step 4 of 5: Terms and Conditions****Patriot Act Requirements**

I understand that in order to help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. As such, I will be asked for my name, address, date of birth, and other information that will allow my custodian to identify me. I understand that my identity will be verified through the use of a database maintained by a third party. If my identity cannot be verified, I understand that I may be required to provide additional information or documentation, and that my HSA may be closed if additional verification is not possible. Upon such closure, funds deposited in my HSA will be returned to me, less any fees, expenses or taxes chargeable against my HSA, or penalties or surrender charges associated with the early withdrawal of any savings instrument or other investment in my HSA. As custodian, Healthcare Bank, a division of State Bank & Trust, shall not be liable for any tax consequences I may incur as a result of the transfer or distribution of my assets.

**Death Beneficiary Information**

I understand that if I am married and reside in a community or marital property state, or if I am transferring property to this HSA that I acquired while married and residing in any of those states, my spouse may have a community or marital property interest in contributions to and earnings in this HSA, whatever the source. This community property interest may be released by a properly executed consent. This form contains a release for this purpose. I understand that I may wish to consult with legal counsel to ensure the proper designation. I understand that if I designate my spouse as primary death beneficiary or contingent death beneficiary of the HSA, the dissolution, termination, annulment or other legal termination of my marriage will automatically revoke such designation.

**My HSA Investment Account**

I understand that once I have accumulated the minimum threshold cash in my HSA, the balance of my account above the minimum threshold will automatically be invested in an interest-bearing, FDIC-insured account. I may also choose to change my allocation choices and select from Discovery Benefits' list of mutual funds for the investment of HSA assets in excess of the threshold. The HSA Investment Account is exclusively available online at www.discoverybenefits.com. All investment transactions in the HSA Investment Account will be initiated and conducted electronically. All required disclosures of investment information and trade confirmations will be made electronically, and by opening an HSA Investment Account I consent to the electronic delivery/access of all documents of any issuer whose securities are made available to my HSA, including issuers and securities made available after the date my account is opened.

**Substitute W-9 Certification**

Under penalties of perjury, I certify that: (1) the Social Security Number shown on this form is my correct taxpayer identification number and, (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen (including a U.S. resident alien).

**Custodial and Investment Information**

I have read and understand the HSA Custodial Agreement and Disclosure Statement and amendments thereto and agree to be bound by those terms and conditions. I understand the eligibility requirements for this HSA and I state that I am responsible for determining whether I qualify to make deposits to this HSA. I am responsible for:

- a. determining that I am eligible to make contributions to an HSA for each year I make a contribution;
- b. ensuring that all contributions are within the maximum limitations set forth by the tax laws, taking into account my coverage under a high deductible health plan;
- c. the tax consequences of any contributions (including rollover contributions) or distributions; and
- d. seeking the assistance of a qualified tax or legal professional to address any questions or concerns I may have about eligibility, contribution limitations, or the taxation of contributions or distributions from my HSA.

If I choose to select an investment allocation from the Discovery Benefits' list of mutual funds, I will be solely responsible for direction of the investment of my HSA. I represent that I will carefully review investment information prior to making investment decisions and that I will seek assistance of a financial professional if I have questions about available investment options or how to select investments for my HSA.

I agree to designate Discovery Benefits to serve as my Designated Representative with respect to my HSA. I authorize Healthcare Bank, a division of State Bank & Trust, and its agents to initiate permitted transfers, including contributions, to my HSA, as directed by me or my Designated Representative through the electronic account service features or as otherwise permitted under this HSA. Any such direction shall remain in effect until Healthcare Bank and its agents receive notice of a change to such directions via the electronic account service features or as otherwise permitted under this HSA.

I certify that the information provided by me on this Enrollment Application Form is accurate. I assume sole responsibility for all consequences found in the Enrollment Application Form, Custodial Agreement and Disclosure Statement. I understand that I may revoke the HSA on or before the seventh day after the date of establishment. I have not received any tax or legal advice from Healthcare Bank, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold Healthcare Bank harmless against any and all claims or losses arising from my actions.

By signing below I agree to be bound by the terms and conditions of the separate agreement entitled Designation of Representative by HSA Client and by my signature each party respectively acknowledges his or her understanding and agreement with such terms and conditions.

**Step 5 of 5: Authorized Signature**

By signing this application I represent that: 1) I am covered under a high deductible health plan (HDHP); 2) I am not covered by any other health plan that is not an HDHP; 3) I am not enrolled in Medicare; and 4) I cannot be claimed as a dependent on another person's tax return. I understand that if my spouse is enrolled in a general-purpose FSA (a non-HDHP) I am not eligible to contribute to an HSA. I understand my Health Savings Account will be set up effective the first day of the month following the date the Enrollment Application is signed. Further I understand that my Health Savings Account cannot be effective prior to my HDHP coverage date.

\*Signature of Account Holder

\*Date