

HEALTH SAVINGS ACCOUNT INFORMATION FORM

1 HSA OWNER INFORMATION (Please Print)

TODAY'S DATE:

FULL NAME & STREET ADDRESS	SOCIAL SECURITY NUMBER	BIRTHDATE	MOTHER'S MAIDEN NM
	DRIVER'S LICENSE NUMBER	DL ISSUE DATE	DL EXPIRATION DATE
MAILING ADDRESS	E-MAIL ADDRESS (OPTIONAL)	GENDER	MARITAL STATUS
		<input type="checkbox"/> Male	<input type="checkbox"/> Married
		<input type="checkbox"/> Female	<input type="checkbox"/> Unmarried
Type of Health Insurance Plan Coverage: <input type="checkbox"/> Self-Only <input type="checkbox"/> Family (Choose one)		Date HDHP Opened: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	
Yearly Deductible Amount on your HDHP: \$ <input style="width: 100px;" type="text"/>		Would you like access to Online Banking? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOME PHONE #	WORK PHONE #	EMPLOYER	POSITION

2 CONTRIBUTION INFORMATION

CONTRIBUTION AMOUNT	CONTRIBUTION TAX YEAR
\$ <input style="width: 100px;" type="text"/>	<input type="checkbox"/> CURRENT YR <input type="checkbox"/> PRIOR YR
CONTRIBUTION TYPE (Select one)	CONTRIBUTOR INFORMATION (Select one)
Regular	HSA Owner
Rollover from a Health Savings Account	Employer
Rollover from an Archer Medical Savings Account	Family Member
Catch-Up (age 55 or older and not enrolled in Medicare)	Other (specify)
Transfer from a Health Savings Account	
Transfer from an Archer Medical Savings Account	
Automated Monthly Contributions (From HB Checking) Account Number DD <input style="width: 100px;" type="text"/>	<input type="checkbox"/> 15 TH OR <input type="checkbox"/> 30 TH

3 DESIGNATION OF BENEFICIARY (Please Print)

At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary. If all of the beneficiaries die before me, my HSA assets will be paid to my estate. If no percentages are assigned to beneficiaries, the beneficiaries will share equally. If the percentage total for each beneficiary classification does not equal 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. This designation revokes and supersedes all earlier beneficiary designations, which may apply to this HSA.

A. Primary Beneficiary

PERCENTAGE %	NAME/ADDRESS OF BENEFICIARY	SSN OR TAXPAYER ID #	DATE OF BIRTH	RELATIONSHIP
	Address			
	Address			
TOTAL	100%			

B. Contingent Beneficiary

PERCENTAGE %	NAME/ADDRESS OF BENEFICIARY	SSN OR TAXPAYER ID #	DATE OF BIRTH	RELATIONSHIP
	Address			
	Address			
TOTAL	100%			