



For What Matters Most.

NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

CELL PHONE NUMBER: _____ HOME PHONE NUMBER: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

OCCUPATION/TITLE: _____

EMPLOYER: _____

DRIVERS LICENSE NUMBER: _____

ISSUE DATE: _____ EXPIRATION DATE: _____



PART 3. CONTRIBUTION TYPE ELIGIBILITY REQUIREMENTS

To be eligible for an HSA contribution type listed below, all statements for that contribution type must be true. Refer to page 2 for rules and conditions that apply to contribution eligibility.

REGULAR (Includes catch-up contributions and qualified HSA funding distributions from an IRA)

- I am covered by an HSA-eligible high deductible health plan (HDHP).
- I am not covered by a nonHDHP that provides coverage for any benefit that is also covered under the HDHP (with limited exceptions).
- I am not enrolled in Medicare.
- I am not eligible to be claimed as a dependent on another person's tax return.

If this contribution is a qualified HSA funding distribution from your IRA, the following statements also must be true.

- I have not previously completed a qualified HSA funding distribution from my IRA.
- This is a direct movement of assets from my IRA into this HSA.

ROLLOVER (Distribution from an HSA or Archer MSA that is being deposited into this HSA)

- I received the assets from the distributing HSA or Archer MSA within the last 60 days.
- I have not rolled over any assets to an HSA in the last 12 months.

Circle One

Is it a personal or family HSA?

Do you want an authorized signer? Yes No

Do you want to have access through online banking or direct deposit from your employer? Yes No

Do you and your authorized signer need a debit card? Yes No