



ACCOUNT HOLDER INFORMATION

Please complete this form IN FULL to avoid a delay in the establishment of your Health Savings Account.

FIRST NAME: _____ LAST NAME: _____

SOCIAL SECURITY NUMBER: _____ EMPLOYER NAME: _____

DATE OF BIRTH: ____/____/____ EMAIL¹: _____

ADDRESS: _____
Accounts cannot be established using a Post Office Box

CITY: _____ STATE: _____ ZIP: _____ DAYTIME PHONE: _____

HIGH DEDUCTIBLE HEALTH PLAN EFFECTIVE DATE: ____/____/____ CONTRIBUTION YEAR: _____

CITIZENSHIP STATUS: US Citizen Resident Alien Non-Resident Alien

IF NOT A U.S. CITIZEN PROVIDE COUNTRY OF CITIZENSHIP: _____

¹ **Email:** By providing your email address, you agree to receive Employee Benefit Plan correspondence electronically. WageWorks, formerly Planned Benefit Systems does not share, sell or divulge individual private information to any third party. All individual private information, including your email address, is used solely to administer your benefit account(s). Please add our email address, help@pbs.us.com, to your approved senders list to ensure delivery of all correspondence and notifications. You can change/delete your e-mail address by contacting the WageWorks Customer Service Department or by visiting our website at www.pbs.us.com. WageWorks reserves the right to utilize an email address that may be provided to us by your employer.

ELECTION & CONTRIBUTION INFORMATION

Please check the appropriate box below:

I wish to establish a new HSA with HSA Bank

I currently have an HSA with HSA Bank

I hereby elect to participate in my employer sponsored Health Savings Account (HSA) administered by WageWorks and HSA Bank.

Individual HDHP Coverage		Family HDHP Coverage	
My Employer's Annual Contribution		My Employer's Annual Contribution	
My Annual Contribution	+	My Annual Contribution	+
I am eligible to contribute an additional \$1,000 per year because I am age 55 or older	+	I am eligible to contribute an additional \$1,000 per year because I am age 55 or older	+
Total Annual Individual Contribution for 2012 Cannot exceed \$3,100 if under age 55 Cannot exceed \$4,100 if age 55 and older	=	Total Annual Individual Contribution for 2012 Cannot exceed \$6,250 if under age 55 Cannot exceed \$7,250 if age 55 and older	=

I understand that I cannot exceed the maximum annual contribution amounts per healthcare coverage established by the IRS for a Health Savings Account as illustrated above. Changes to my contribution amount can be made by submitting a written request to my employer.

Please forward pre-tax contributions from my paycheck to my Health Savings Account in the following amount:

\$ _____ per paycheck

ACCOUNT AUTHORIZATION

- I appoint HSA Bank to be the custodian for my Health Savings Account. I will *not* use my HSA Account unless I agree with the terms and conditions in the *Deposit Account Agreement and Disclosures for Health Savings Accounts, Truth in Savings and Privacy Statement* provided to me by HSA Bank in my Account Welcome Kit. If I do not agree to with the terms and conditions as provided, I understand that I may revoke this appointment, by contacting HSA Bank, prior to accessing my account.
- I am, or will be covered by a qualified High Deductible Health Plan (HDHP), I am *not* enrolled in Medicare or covered under other health insurance that is not compatible with an HSA and I may *not* be claimed as a dependent on another person's tax return (excluding spouses per the IRS).
- To help the government fight the funding of terrorism and money laundering activities, Federal Law requires that all financial institutions obtain, verify and record information that identifies each person who opens an account. Therefore, when you open an account we ask that you provide your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

By signing this Account Authorization, I certify the items discussed above.

ACCOUNT HOLDER SIGNATURE: _____ DATE: _____

This form must be returned to your employer