

# Health Savings Account Contribution Authorization Form

Follow these easy steps:

1. Complete all entries on this authorization form.
2. Print, sign and date this form.
3. Submit it to your Human Resources Department.
4. Open your HSA online. You will receive additional instructions following the enrollment period.

## Health Savings Account Qualification

Your Health Savings Account is your financial asset even if you change employers or health plans. To be eligible for a Health Savings Account you must meet three criteria:

1. You must be covered by a qualified high deductible plan
2. You cannot be covered by another health plan, including Medicare or Flexible Spending Accounts (you may be enrolled in a Limited Use Flexible Spending Account if offered by your employer or your spouse's employer)
3. You cannot be claimed as a dependent on another individual's tax return

## Open Your Account Online

After the enrollment period, you will receive additional instructions for opening your Health Savings Account online. The instructions are usually emailed, so please enter your email address below.

## Personal Information

Employee Name (last name, first name)	Social Security Number
Street Address (can not be PO Box)	City, State, Zip Code
Mailing Address (if different)	City, State, Zip Code
Day Time Phone Number	Email Address
Date of Birth	Enrollment Status <input checked="" type="checkbox"/> New participant <input type="checkbox"/> Re-enrollment

## Pre-Tax HSA Contributions

You can elect to make pre-tax contributions to an HSA through payroll deduction. Please indicate your pre-tax payroll deduction amount here.	Annual Pre-Tax HSA Contribution Amount \$ (Not to exceed IRS maximum)	Per pay period \$
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## Authorization and Certification

- I am authorizing my employer to reduce my compensation by the amount specified.
- I understand that after the enrollment period, I will receive additional instructions for opening my Health Savings Account (HSA) with the custodian.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## HSA ACCOUNT APPLICATION & SIGNATURE CARD

409 Silverside Road, Suite 105  
Wilmington, DE 19809

P. [866] 546.9510  
F. [302] 385.5121

Banking Services Provided by  
The Bancorp Bank,  
MEMBER FDIC, EQUAL HOUSING LENDER

### Important Information About Procedures for Opening a New Account

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 customer that opens an account. What this means for you: when you open an account, we will ask you your name, 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.

**Please complete both sides - non complete applications will NOT be processed**

### PART 1: Personal Information - Primary Account Holder

zFirst Name:	MI:	Last Name:	Date of Birth: / /
SSN:		Driver's License # and State Issued:	
Address: (We do not recognize a PO box as a street address)			
City:		State:	Zip:
Work Phone:	Home Phone:	Email:	Broker Name:

### PART 2: Authorized Signer (Optional)

Since regulations require that only one individual owns the HSA Account, the account holder may want their spouse and/or authorized signer to write checks or use their Debit Card. I (account holder) hereby designate the following individual as additional authorized signer on my Health Savings Account.

Spouse/Other First Name:	MI:	Last Name:	Date of Birth: / /
Social Security Number:			

### PART 3: Debit Card

☐ Yes, please send me a Visa® Check Card.

The Selected Card will be sent to both the Primary Account holder and the Authorized Signer.

☐ Check here if you do **not** want the Selected Card sent to the Authorized Signer.

### PART 4: HSA Information

**Type of HSA Contribution** ☐ Regular HSA ☐ Transfer HSA ☐ Rollover HSA ☐ HRA/FSA Rollover ☐ Rollover

Broker Code:

Marketing Code:

Please mail your opening deposit check made payable to My Smart Saver in a postage-paid envelope,  
or send it to My Smart Saver, 409 Silverside Road, Suite 105, Wilmington, DE 19809

## PART 5: Designation of Beneficiaries *(Important: Please read before signing)*

The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If any primary or contingent 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 beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my HSA.

**PLEASE PROVIDE: Name and Address, Relationship, Date of Birth, Social Security Number, Primary or Contingent, and Share (%)**

1.
2.

### Spousal Consent:

This section should be reviewed if either the trust of the residence of the HSA holder is located in a community or marital property state and the HSA holder is married. Due to important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent or legal tax advisor.

#### CURRENT MARITAL STATUS

☐ I am not married - I understand that if I become married in the future, I must complete a new HSA Designation of Beneficiary form.

☐ I am married - I understand that if I chose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above named HSA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional. I hereby give the HSA holder any interest I have in the funds or property deposited in this HSA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Spouse - Signature Required	Date:	Notary - Signature Required	Date:
	/ /		/ /

## PART 6: Required Signatures *(Important: Please read before signing)*

I understand the eligibility requirements for the type of Health Savings Account (HSA) deposit I am making and I state that I do qualify to make the deposit. I have reviewed a copy of the Application, the HSA Agreement and the Disclosure Statement available at [www.mysmartsaver.com](http://www.mysmartsaver.com).

I understand that the terms and conditions which apply to this HSA are contained in this Application and the agreement. I agree to be bound by those terms and conditions. Within seven (7) days from the date I open this HSA I may revoke it without penalty by mailing or delivering a written notice to the Custodian.

I assume complete responsibility for:

1. Determining that I am eligible for an HSA each year I make a contribution.
2. Ensuring that all contributions I make are within the limits set forth by the tax laws.
3. The tax consequences of any contribution (including rollover contributions) and distributions.

This deposit account is subject to all applicable rules and regulations adopted by The Bancorp Bank. My signature acknowledges my acceptance of the Truth in Savings Disclosure governing these accounts. The Bancorp Bank may order a consumer report from a credit reporting agency in order to evaluate whether to issue a Debit Card for those consumers who have applied. The Truth in Savings Disclosure is available at .

Primary Applicant - Signature Required	Date:	Authorized Signer - Signature Required	Date:
	/ /		/ /

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

**CERTIFICATION INSTRUCTIONS** - You must cross out item 2 above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.**

Primary Applicant - Signature Required	Date:
	/ /