



HEALTH SAVINGS ACCOUNT APPLICATION

- Employer offered HSA (program offered through employer)** Employer name: _____
 - Upon completion, return application to your employer
- Individual HSA (not offered through employer plan)**
 - Upon completion, fax application to 651-662-7247 OR fill out your application online at www.SelectAccount.com

Account Holder's Information

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Primary Phone: _____

SSN#: _____ Date of Birth: _____

Health Insurance Plan Information	HSA Plan Type
Type of high deductible health plan coverage: <input type="checkbox"/> Single <input type="checkbox"/> Family Effective Date of Health Insurance Plan _____	If Employer offered HSA: your employer chooses the HSA plan type, do not complete this section. Individual HSA: Elect one of the following options or your HSA will default to Basic: <input type="checkbox"/> Premium <input type="checkbox"/> Select <input type="checkbox"/> Basic <input type="checkbox"/> Thrift <input type="checkbox"/> Free

Authorization for Electronic Deposit of Contributions and Withdrawals

Bank Information:

Checking or Savings account

Bank Name: _____ Bank Phone Number: _____

Bank ABA Routing Number: _____ Bank Account Number: _____
 (The ABA routing number is the nine-digit number located in the bottom left corner of your check)

I want SelectAccount to pull \$ _____ from the bank account above

Frequency: Monthly
 One time only

NOTE: HSA Reimbursements will be electronically deposited to this bank account when the HSA debit card is not used.

Signature

The Account Holder named above is establishing this health savings account (HSA) exclusively for the purpose of paying or reimbursing qualified medical expenses of the account holder, his or her spouse, and dependents. The account holder represents that, unless this account is used solely to make rollover contributions, he or she is eligible to contribute to this HSA; specifically, that he or she: (1) is covered under a high deductible health plan (HDHP); (2) is not also covered by any other health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage); (3) is not entitled to benefits under Medicare (generally, has not reached age 65); and (4) cannot be claimed as a dependent on another person's tax return.

The Custodial Agreement for this account will be sent to you under separate cover.

HSA Account Holder Signature Date

WalletDoc Consumerism Tools

This suite of tools helps you stretch your HSA dollars further by providing medical cost transparency, treatment decision support, medical discounts, health management tools and more.

I would like to purchase *WalletDoc* for an additional \$1.50 per month.

*Enrolling in *WalletDoc* requires a 12 month commitment.

**WalletDoc* is included with the PremiumSaver HSA plan option for no additional cost.

HSA & Investment Account Maintenance Fees

HSA Participant Fee (This fee will be deducted from your HSA Account balance unless it is paid by your employer):

- Free* - \$0.00 monthly
- Thrift - \$1.00 monthly
- Basic - \$2.50 monthly
- Select - \$3.00 monthly
- Premium** - \$4.00 monthly

*FreeSaver is an online only account that does not offer investment options or interest on account balances.

***WalletDoc* consumer tools are included with the PremiumSaver HSA plan option for no additional cost.

Investment Accounts are available for Base Balance funds in excess of \$1,000.00. For all basic investment accounts a monthly Investment Account fee of \$1.50 will be deducted from your investment account balance.

Beneficiary Designation

Your spouse will be deemed to be your beneficiary. If you have no spouse, your estate will be deemed your beneficiary. You can change your beneficiary designations at any time by signing into your account at www.SelectAccount.com and completing online. The paper Beneficiary Form can be found at www.SelectAccount.com or by contacting customer service at (651) 662-5065 or (800) 859-2144.

Online Member Service Center

Once your HSA is set up, you can register with the Online Member Service Center and manage your HSA online. Here are a few things you can do in the Online Member Service Center:

- Organize and store your receipts in the *e-Vault* for future tax-free reimbursements
- Enroll in *WalletDoc* consumer tools
- Update your personal profile
- Check your balance and monitor account activity
- View past reimbursements requests
- Create customized statements and reports
- Deposit money into your HSA
- Request a reimbursement (also called submitting a claim)
- Order a SelectAccount debit card
- Activate and manage your investment account
- Designate beneficiary(s)
- Authorize release of information

Save time: submit this information online. Questions? Call Member Services at (651) 662-5060 or 1-800-859-2144.

Submit online:

Log into your account at
www.SelectAccount.com

Send via secured email only:

SelectAccount.documents
@SelectAccount.com

Fax to:

651-662-7247
866-231-0214

Mail to:

P.O. Box 64193
St. Paul, MN 55164-0193