



HEALTH SAVINGS ACCOUNT APPLICATION

- Employer offered HSA (program offered through employer)
Individual HSA (not offered through employer plan)

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:
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:

Authorization for Electronic Deposit of Contributions and Withdrawals
Bank Information:
Bank Name: Bank Phone Number:
Bank ABA Routing Number: Bank Account Number:
I want Further 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 Custodial Agreement for this account will be sent to you under separate cover.
HSA Account Holder Signature Date

## 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.

**Investment Accounts** are available for Base Balance funds in excess of \$1,000.00. For all basic investment accounts a yearly Investment Account fee of \$18.00 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 [hellofurther.com](http://hellofurther.com) and completing online. The paper Beneficiary Form can be found at [hellofurther.com](http://hellofurther.com) or by contacting customer service at (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 our document storage system for future tax-free reimbursements
- 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 Further debit card
- Activate and manage your investment account
- Designate beneficiary(s)
- Authorize release of information

**Save time: complete this application online.** Questions? Call Member Services at 1-800-859-2144.

**Apply online:**

Visit our website at  
[hellofurther.com](http://hellofurther.com)

**Send via secured email only:**

[further.documents@hellofurther.com](mailto:further.documents@hellofurther.com)

**Fax to:**

866-231-0214

**Mail to:**

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

To help the government fight the funding of terrorism and money laundering activities, Further is required to obtain basic identifying information from you and verify that information when you open a new HSA.

This means Further staff will ask you for some basic information such as your name, address, date of birth, and other information designed to help us identify you. Further staff will also ask to see documents identifying you such as a social security card, driver's license, passport, and/or some other government-issued document.

In some cases, identification will be requested for those individuals conducting business with Further prior to the effective date of the member identification requirements. This is because original documentation was not obtained with the opening of the HSA or Further is unable to form a reasonable belief that it knows the true identity of the existing HSA holder.

In all cases, protection of our member's identity and confidentiality is Further's pledge to you. Further appreciates your patience and understanding as we all do our part in complying with the identification procedures required by the federal USA Patriot Act of 2001.

Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.