



Salt Lake City, Utah Toll-free phone: 1-800-791-9361

## **HEALTH SAVINGS ACCOUNT (HSA) APPLICATION**

To avoid processing delays, please complete all fields on the application — starred fields (\*) are required. Or fax both sides of this form to: 800-765-6766 Mail your completed application (and opening deposit, if applicable) to: and mail opening deposit, if applicable, separately to: OptumHealth Bank, P.O. Box 30777, Salt Lake City, UT 84130 OptumHealth Bank, P.O. Box 271629, Salt Lake City, UT 84127 PART 1: PERSONAL INFORMATION — ACCOUNT HOLDER \* Social Security # / \* Date of Birth Tax Identification # (mm/dd/yyyy) \*First Name \*Last Name Middle Initial \*Street Address (cannot be a PO box) Apt # \* City \*State \* ZIP Mailing Address (if different than street address) Apt # City State ZIP \* Home phone # Work phone # ext. E-mail Address \* Verification Code (such as your Mother's Maiden Name) To be Used for Security Purposes — Up to 10 Letters PART 2: REQUEST FOR ADDITIONAL DEBIT CARD (OPTIONAL) You will receive a Health Savings Account MasterCard® Prepaid Debit Card. If you wish to request a Health Savings Account Card™ for use by an authorized user — either your spouse or another eligible dependent — please complete the section below. Authorized User's Middle Initial Last Name First Name Social Security # / Date of Birth Tax Identification # (mm/dd/yyyy) If Address is Same as Account ZIP Mailing City State Holder, check here □ Address PART 3: HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)/MEDICAL PLAN INFORMATION \* Medical Insurance Company or Carrier \*Medical Insurance Plan or Group # HDHP Member Identification # (you may find this on your ID card) HDHP Effective Date \*Who is Covered? (check one): ☐ Individual ☐ Family [Individual + Dependent(s)]

> If Yes, Provide your Employer's Name:

\*Are you Enrolling in an HSA through your Employer? (check one): ☐ Yes ☐ No

PER THE USA PATRIOT ACT: 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 person who opens an account. When you open the account, we will ask for 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.		
Form of Identification (check one): □ Driver's License □ State ID □ Passport	Identification #	State of Issuance
PART 4: BENEFICIARY INFORMATI	ION (OPTIONAL)	
If you do not designate otherwise, your estate will be a Designation of Beneficiary form, available on myt		death. To designate an alternative beneficiary, please comple service at 1-800-791-9361.
PART 5: REQUIRED SIGNATURE (F	Please Read Before Signing	·)
<ul> <li>this agreement will be binding on me unleading with OptumHealth Bank's Privacy For I authorize OptumHealth Bank to provide acting on behalf of my employer or Opture. I acknowledge that my employer and all establish and maintain my HSA.</li> <li>I understand my monthly account statem statements mailed to my home address.</li> </ul>	be opened under and governed by Optuess I close my account within 30 days. The Policy and Schedule of Fees. In information about my HSA, including not mealth Bank (if applicable), in connection of the sacting on behalf of my employments will be made available to me electrons an additional debit card, I hereby record in the saction of the debit card.	tumHealth Bank's Custodial and Deposit Agreement. Terms of This document will be sent to me when my account is opened my account number, to my employer (if applicable) and those ion with the establishment and maintenance of my HSA. Exper (if applicable), may provide information on my behalf the provided information on my behalf the provided in the second se
X*Account Holder – Signature Required		 
		Date

Amount: \$\_\_\_\_\_ Opening deposit enclosed with application (if applicable) (check one): 

Yes 

No

If you are an individual mailing an opening deposit for your own HSA, please write your name and social security number on the check.