



Address for Return Mail:

Bank of Ann Arbor
HSA Processing
801 W. Ellsworth Rd.
Ann Arbor, MI 48108

Bank Use Only

Checking Acct # _____
Insurance Agent _____
Phone Number _____

734-662-1600 * Fax 734-662-1059 * www.boaa.com

HSA APPLICATION AND AGREEMENT

Today's Date _____

Name (first) (middle) (Last)			Soc. Sec. #		Date of Birth (xx-xx-xxxx format)	
Address			City		State	Zip
Cell Phone		Home Phone		Email Address		
Verbal Password		Password Hint		Online PIN (4 digit cannot begin with a "0")		

Enclose photocopies of 2 forms of I.D. (Review page 3 for acceptable forms of identification.)

The 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. What this means to you; when you open an account we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

APPLICATION AND AGREEMENT

Company Name			Contact Person			
Address		City		State	Zip Code	
Phone Number		Fax Number		Email		

If you are married and choose anyone other than your spouse as primary beneficiary, you must complete and return HSA Beneficiary/Spousal consent form.

DESIGNATION OF BENEFICIARIES

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 account. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If 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-rated basis. If no primary beneficiary(ies) survive me, the contingent beneficiary(ies) shall acquire the designated share of my account. No tax or legal advice was given to me by the custodian or agent; I assume full responsibility for any adverse consequences.

Name & Address	Date of Birth	Social Security #	Relationship	Primary or Contingent	Share %

ELIGIBILITY REQUIREMENTS: REGULAR HSA

Check for Yes

Account holder certification – I certify that: (1) I am covered by a qualified High Deductible Health Plan (HDHP), (2) I certify that I am not covered by a Health plan, other than HDHP, which provides any of the same benefits as the HDHP, (3) I am not entitled to benefits under Medicare, and (4) I may not be claimed as a dependent on another person's tax return.

SHARED ACCOUNT NUMBER

Check for Yes

I authorize Bank of Ann Arbor to share my account number with my employer to facilitate HSA contribution.



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HEALTH PLAN INFORMATION

I have an **Individual** Health Plan Deductible of \$ _____ I have a **family** Health Plan Deductible of \$ _____ (Choose one to complete)

Health Insurance Company:	Section 125 plan – Pre-Tax? Yes / No	Plan Effective Date:
Insurance Agent:	Insurance Agency:	Agent Phone Number:

The maximum yearly contributions for 2019 are \$3,500.00 for Individual coverage and \$7,000.00 for Family coverage. If you are 55 and older you may also be eligible for a maximum catch-up contribution of \$1,000.00. Please consult a tax professional for details.

OPTIONAL: AUTHORIZED SIGNER(S)

I hereby designate the following individual(s) as additional authorized signer(s) on my Health Savings Account to sign checks, and issue a separate debit Visa.

NOTE: If you are using an authorized signer for your HSA, your authorized signer must provide a copy of 1 valid form of ID as well.

Authorized Signer Printed Name	Authorized Signer Signature	
Social Security No.	Date of Birth	
Cell Phone	Home Phone	Email Address
Verbal Password	Password Hint	Online PIN (4 digit cannot begin with a "0")
Employer	Employer Address	Employer Phone Number

HSA ACCOUNT ACCESS:

I would like to order 20 checks at standard cost to be used for normal distributions only.

I would like a VISA debit card issued in my name for my HSA account to be used for normal distributions only. (see notes below)

I would like a VISA debit card for the Authorized Signer to be used for normal distributions only. (see notes below)

Note: Purchases made with either my debit card or checks will be reported by the Bank as normal distributions. I understand I should not use my debit card or checks for non-qualifying or non-medical purposes and that I am responsible for any IRS penalties. I understand that I should submit an HSA withdrawal form for any non-qualifying or non-medical transaction. I understand the bank will issue me a cashier's check with a fee of \$5.00

Note: There is a limit of 1 free Visa debit card per account owner and 1 free Visa debit card for an authorized signer. Replacement Visa debit cards are \$5.00 each.

HEALTH SAVINGS ACCOUNT ADOPTION AGREEMENT

This Application, when signed by me and accepted by Bank of Ann Arbor, as Custodian, constitutes my adoption of the Bank of Ann Arbor Health Savings Account Custodial Agreement (the "Custodial Agreement") and my acceptance of the terms thereof.

By signing this application, I acknowledge:

- I authorize Bank of Ann Arbor to automatically charge my account for monthly maintenance fees according to their published fee schedule. (See Truth-In-Savings Disclosure)
 - If your Employer is paying this fee on your behalf and you leave their employment this monthly fee will begin to be deducted from your account.
- That my HSA has been established for the purpose of paying qualified medical expenses, and if distributions are not used for this purpose, I may be subject to ordinary income and penalty taxes, which I must report to the IRS.
- That no loans may be taken from my HSA and no portion of my HSA may be used as security or collateral for a loan.
- I am responsible for reporting my HSA and Bank of Ann Arbor has no duty to determine the investment, tax, or other consequences resulting from my actions involving my HSA.
- I will receive a copy of the HSA Custodial Agreement and Disclosure Statement in my Introduction Kit.
- All fees are non-refundable.

BACK-UP WITHHOLDING CERTIFICATE

By signing below you certify under penalties of perjury:

- The number shown on this form is my correct taxpayer identification number.
- I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Account Holder Sign Here X _____ Date _____

Printed Name _____

SUMMARY OF TYPES OF IDENTIFICATION

<p>Should include picture, expiration date, description, signature, and residence. Note: The Bank will not accept a P.O. Box in place of a residence.</p>	<p>Has some but not all of the components of primary ID.</p>
<ul style="list-style-type: none"> *Valid driver's license *Valid non-driver's ID *Valid state or city employee ID *Valid passport *Alien registration *Armed forces ID card *Valid US Government ID 	<ul style="list-style-type: none"> *Another primary ID *Social Security card *Birth Certificate *Credit cards *Bank cards *Valid state or city employee ID *Valid local company ID *Police ID *Voter's Registration
<p>Primary identification – includes picture, expiration date, description of person and signature. Must be accompanied by a second piece of Identification. The identification address must match the address on the application or the account cannot be opened.</p>	<p>Secondary identification – has components of primary, but not considered primary. Acceptable as a second piece of identification. Never acceptable to open an account alone.</p>
<p>NOTE: If you are using an authorized signer for your HSA, Your Authorized signer must provide copies of 1 valid form of ID as well.</p>	