

Health Savings Account Application

If the required fields on this application are not complete, we cannot open a Health Savings Account (HSA). We may reach out for missing information or for further identity verification documents.

Personal Information

***Required Fields**

Name:*		Social Security Number:*	
Physical Address: (street, city, state, zip)*			
Mailing Address: (required if different)			
Email Address:*		Date of Birth: (MM/DD/YYYY)*	
Driver's License Number:*	Issuing State:*	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Phone: (with area code)		Cell Phone: (with area code)	
Employer Name:*		Date of Employment (MM/DD/YYYY):	

Important Information About Opening a New Account: To open an HSA, federal law requires that we obtain certain personal information to verify your identity. This is a legal requirement to help the government fight the funding of terrorism and money laundering. Your identity may be verified using a database maintained by a third party. If we cannot verify your identity, we may ask for additional information like a copy of a driver's license, Social Security card, or work visa. If we are unable to obtain identity verification, your account may be closed. If your account is closed, funds will be returned to you, and we are not liable for any tax consequences due to the distribution. The same process applies to individuals for whom you request additional debit cards. Non-U.S. citizens may not be eligible to open an HSA.

Health Plan Information

If you answer yes to any of the bottom three questions in the box below, you are not eligible to open an HSA. For further information, please refer to the IRS Publication 969.

Are you covered by an HSA-qualified high deductible health plan (HDHP)?* <input type="checkbox"/> Yes <input type="checkbox"/> No (If your response is no, you are ineligible to open an HSA.)		
Carrier Name: _____	HDHP Effective Date: (MM/DD/YYYY) _____	Coverage Type: <input type="checkbox"/> Individual <input type="checkbox"/> Family
Are you covered by any other non-permitted health plan (i.e. Healthcare FSA, spouse's non-HDHP medical plan)?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you covered by Medicare?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Is someone else claiming you as a dependent on their tax return?* <input type="checkbox"/> Yes <input type="checkbox"/> No	

Contribution Information

The effective date you request cannot be before the date this application is signed, the HDHP effective date of coverage, or the date you are eligible to contribute to an HSA.

Requested effective date for your HSA: (MM/DD/YYYY) _____	
Contribution Type: <input type="checkbox"/> Annual <input type="checkbox"/> Per Pay	The Internal Revenue Service (IRS) updates the annual contribution maximums every year. To learn more about factors that may impact your HSA contribution limits, please visit americanfidelity.com/hsa-help
Employer Contribution: \$ _____	
Individual Contribution: \$ _____	
Catch-Up Contribution: \$ _____	

Beneficiary Information

If you would like to add an individual as a beneficiary to your HSA now, please provide the information below. Required beneficiary fields for an individual (Name, DOB, SSN, Address) must be fully completed to add a beneficiary to your account. **If the required fields below are not complete, we cannot add a beneficiary.** If you choose not to add a beneficiary, distributions upon death will be delayed. You may also add a beneficiary by logging in to your account at americanfidelity.com/login or by completing our Beneficiary Designation Form at americanfidelity.com/support/forms.

Name:*		Relationship:	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent _____% Percent
Social Security Number:*	Date of Birth: (MM/DD/YYYY)*		
Address: (street, city, state, zip)*			
Name:*		Relationship:	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent _____% Percent
Social Security Number:*	Date of Birth: (MM/DD/YYYY)*		
Address: (street, city, state, zip)*			

IMPORTANT: Beneficiary total should equal 100%.

Benefits Debit Card

You will automatically receive a Benefits Debit Card to use with your HSA. The MasterCard® issued by The Bancorp Bank (Member FDIC) will be mailed to your address along with a Cardholder Agreement for your review and review by any additional cardholder. This Benefits Debit Card can also “stack” with other reimbursement accounts through American Fidelity, consolidating all accounts onto a single card. If you already have a Benefits Debit Card, you can use it for your HSA and will not receive a separate card. If you would like additional Benefits Debit Cards for authorized users over age 18, such as your spouse or other eligible dependents, please log in to your account at americanfidelity.com/login to order additional cards..

Consent to Receive Electronic Notices

In order to apply for an HSA, you must consent to receive documents and notices related to your HSA in electronic form. Your consent will apply both at the time of enrollment and in the future. The documents and notices you agree to receive in electronic form include the following enrollment forms: Health Savings Account Custodial Agreement, disclosures relating to the Truth in Savings Act and funds availability policies, American Fidelity’s privacy policy, documents issued by mutual fund and insurance companies, including prospectuses and trade confirmations, IRS Tax Forms 1099-SA and 5498-SA, account summaries, and confirmation of your online or telephonic instructions or elections.

Your consent will continue to apply until you are no longer an account holder or until you withdraw consent, as provided below.

If you wish to withdraw your consent to electronic delivery of notices, you may call us at 800-662-1113. Confirmation of your withdrawal will be in writing (electronically or on paper). Additional fees may apply for paper copies of applicable notices (see fee schedule). Investment options may not be available if you do not consent to receive prospectuses, trade confirmations, and related documents in electronic form. We reserve the right to close your account if you withdraw your consent to the electronic delivery of notices.

Certification

By instructing American Fidelity to open my HSA, contribute funds to my HSA, or otherwise use my HSA, I acknowledge that I have reviewed and consent to the terms of the Health Savings Account Custodial Agreement, which includes all cash, investment, and other supplemental terms and conditions referenced therein.

I certify that I qualify for an HSA and have authorized my employer to deliver funds withheld from my paycheck to American Fidelity for American Fidelity to deposit to my HSA. If I request to make a deposit to my HSA outside of payroll deduction, I expressly authorize American Fidelity to debit the account I specify and transfer funds to my HSA (and, if necessary, to credit my account to correct erroneous debits electronically). I will enter additional details for each transaction within my online account. I understand that the amount I can contribute must be in accordance with IRS contribution limits (see IRS Publication 969, “Health Savings Accounts and Other Tax-Favored Health Plans,” available at www.irs.gov).

Signature

Date

This application will be null and void if altered in any way.