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

## OptumHealthBank sm

OptumHealthBank.com Toll-Free phone: 1-866-234-8913

## To avoid processing delays, please complete all fields on the application – starred fields (\*) are required.

Mail your completed application (and opening deposit, if applicable) to: OptumHealth Bank, P.O. Box 30777, Salt Lake City, UT 84130 Or fax both sides of this form to: 1-800-765-6766 And mail opening deposit , if applicable, separately to: OptumHealth Bank, P.O. Box 271629, Salt Lake City, UT 84127

PART 1: PERSONAL INFORMATION - ACCOUNT	NT HC	DLDER										
*Social Security # / Tax Identification #			*Date of Birth (mm/dd/yyyy)									
				]/[		] /						
*First Name	Middle	Middle Initial		*Last I	Name							
*Street Address (cannot be a PO Box)		Apt #		*City				*State			*ZIP	
Mailing Address (if different than street address)		Apt #		City				Stat	е		ZIP	
*Home Phone	Work	Work Phone										
(	(		)			- [				ext.		
*Verification Code (such as your Mother's Maiden Name) To be Used for Security Purposes – Up to 10 Letters					E-mail Address							
PART 2: REQUEST FOR ADDITIONAL DEBIT CARD (OPTIONAL)  If you wish to request a Health Savings Account Debit MasterCard® for use by an authorized user – either your spouse or another eligible dependent – please complete the section below.												
Authorized User's First Name			iddle Initial Last Name									
*Date of Birth (mm/dd/yyyy)				rity # / Tax Identification #								
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 on your ID card) *HDH					P Effective Date							
*Who is covered? (check one): ☐ Individual ☐ Family [Individual + Dependent(s)]												
*Are you Enrolling in an HSA through your Employer? (check one):   Yes  No  If Yes, Provide your Employer's Name:												

PLEASE TURN PAGE OVER AND COMPLETE
BOTH SIDES OF THIS APPLICATION >

PER THE USA PATRIOT ACT:		
obtain, verify and record information that ide	ntifies each person who opens an accoun	ities, federal law requires all financial institutions to int. When you open the account, we will ask for your you. We may also ask to see your driver's license or
	Identification #	
Form of Identification (check one):	State of Issuance	
□ Driver's License □ State ID □ Passport		
PART 4: BENEFICIARY INFORMATION	ON (OPTIONAL)	
If you do not designate otherwise, your estate v	will be the beneficiary of your HSA upon y	your death. To designate an alternative beneficiary, or request one from customer service at 1-866-234-
PART 5: REQUIRED SIGNATURE (PI	ease Read Before Signing)	
By signing below, I acknowledge and certify that	at:	
<ul> <li>I wish to establish a health savings acc</li> </ul>	count ("HSA") with OptumHealth Bank as	custodian.
reviewed this application and understand Custodial and Deposit Agreement and when my account is opened, along wi  I authorize OptumHealth Bank to prov	and and agree that my HSA will be opene I that the terms and conditions therein wil th OptumHealth Bank's Privacy Policy and ide information about my HSA, including	e that I qualify to make deposits to this account. I have ed under and governed by OptumHealth Bank's II be binding on me. This document will be sent to me d Schedule of Fees.  my account number, to my employer (if applicable) ), in connection with the establishment and
to establish and maintain my HSA and	d authorize my employer and its designee	er (if applicable), may provide information on my behalf to take such action deemed necessary and appropriate g deposits and correcting errors where necessary.
<ul> <li>I understand my monthly account stat to have statements mailed to my hom</li> </ul>		ctronically. I agree to notify OptumHealth Bank if I wish
•	alth Bank to issue a debit card on my acco	re filled out the information to request an additional bount to the person indicated and I acknowledge I will be
<ul> <li>I certify that the information provided</li> </ul>	in this application is true and complete.	
X		
*Account Holder – Signature Required	Date	
IMPORTANT: We cannot process this applicat	ion without your signature.	
PART 6: OPENING DEPOSIT		
Opening deposit enclosed with application (if	f applicable) (check one): □ Yes □ No	Amount \$:
		ur name and social security number on the check.
jou are an marriadar manning an opening a	opesor jour over north picuse vertice you	aa and social sociality humber on the check.