

Health Savings Account Application

1. Applicant Information

New Account Change to Existing Account
 Company Name (if applicable)

- -
 Participant Name (First, MI, Last) Social Security Number

-
 Day Telephone Hire Date Birth Date

Home Address

Email Address

2. Regular HSA (refer to page 2 for additional information)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you covered by a High Deductible Health Plan (HDHP)?
<input type="checkbox"/>	<input type="checkbox"/>	Are you also covered by any other health plan (including a flexible spending account) that is not an HDHP and that provides coverage of or any benefit which is covered under the HDHP (with limited exceptions)?
<input type="checkbox"/>	<input type="checkbox"/>	Are you covered by Medicare?
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to be claimed as a dependent on another person's tax return?

If you answered YES to question 1 and NO to questions 2 through 4, you are eligible to establish an HSA. Upon successful completion of questions 1 through 4 complete the "Signature" section. Note: If you are age 55 or older by the end of the taxable year you may make an additional contribution to your HSA. See the back of this form for more information

3. Rollover HSA

Yes No Do you certify that you satisfy the requirements for making a rollover into an HSA? If yes, please complete the rollover form.

4. Transfer HSA

Yes No Do you certify that you have requested HSA funds or assets to be directly transferred from your HSA? If yes, please complete the transfer request form.

5. Contribution Information

Date of First Contribution	Contribution Source	Contribution	Annual	Per Pay Period
<input type="text"/>	<input type="checkbox"/> Individual <input type="checkbox"/> Employer <input type="checkbox"/> Both <small>(If Individual (not offered through your employer), please complete contribution form)</small>	Employee	<input type="text"/>	<input type="text"/>
		Employer	<input type="text"/>	<input type="text"/>

6. Fees*: Deduct annual and monthly fee from the HSA I will pay the annual and monthly fee separately Employer paid

*If no selection is made, fees will be automatically deducted from your HSA balance.

Contribution/Investment Statement: No minimum cash balance is required for the cash account when using Discovery Benefits' online withdrawal request or when faxing withdrawal requests. Debit card users must maintain a minimum balance of \$1,000 in their cash account to cover card transactions. The cash accounts are FDIC insured. Any contributions received above the \$1,000 cash requirement will be invested in an FDIC insured money market account. If you would like to change this investment allocation, you may do so at discoverybenefits.com or by completing an investment allocation change form.

7. Authorized Signature

I understand the eligibility requirements for the type of HSA deposit I am making and I state that I qualify to make the deposit. I have received a copy of the Custodial Agreement and Disclosure Statement. I understand that the terms and conditions which apply to this HSA are contained in this Application and Agreement. I agree to be bound by those terms and conditions. I assume complete responsibility for: 1) determining that I am eligible for an HSA each year I make a contribution; 2) ensuring that all contributions I make are within the limits set forth by the tax laws; 3) the tax consequences of any contributions (including rollover contributions) and distributions.

HSA Account Beneficiary Date



DISCOVERY BENEFITS, INC.
 FSA • HSA • HRA • COBRA • Payroll

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Rules and Conditions Applicable to HSA

General Information An HSA is a trust or custodial account which is created exclusively for the benefit of the HSA Account Beneficiary and which is generally used to pay qualified medical expenses. If you are eligible, contributions can be made to your HSA by either you or your employer. Qualified distributions from HSAs are tax-free.

Definitions In general, a High Deductible Health Plan (HDHP) means, as defined in IRC Section 223(c)(2), a health plan which satisfies each of the following requirements regarding deductibles and expenses:

- The deductible is not less than \$1,000 for single coverage and not less than \$2,000 for family coverage (as adjusted for cost-of-living).
- The sum of the annual deductible and the other annual out-of-pocket expenses required to be paid under the plan (other than for premiums) for covered benefits does not exceed \$5,000 for single coverage and \$10,000 for family coverage (as adjusted for cost-of-living).

Requirements Certain coverage disregarded—Generally, you are ineligible for an HSA if you, while covered under an HDHP, are also covered under a health plan that is not an HDHP. However, you do not fail to be eligible for an HSA merely because, in addition to an HDHP, you have:

- 1) coverage for any benefit provided by permitted insurance (as defined in IRC Sec. 223(c)(3)), and
- 2) coverage (whether through insurance or otherwise) for accidents, disability, dental care, vision care, or long-term care.

Age 55 catch-up contributions—If you have attained age 55 before the close of the taxable year, you are eligible to contribute an additional amount to your HSA. The additional contribution is determined as follows: \$500 for 2004, \$600 for 2005, \$700 for 2006, \$800 for 2007, \$900 for 2008, \$1,000 for 2009 and thereafter. However, you are not eligible to contribute to an HSA once you are entitled to benefits under Medicare.



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