SelectAccount®

CONCORDIA PLAN SERVICES

HEALTH SAVINGS ACCOUNT APPLICATION

Employer Information - Please complete form and give to your employer

Employer Name _____

CPS ER# _____

City_____ State_____

Employer: Please process enrollment form online (preferred method) at SelectAccount.com or fax to SelectAccount at 866-231-0214.

Account Holder's Information

Last Name: _____ First Name: _____Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Primary Phone: _____

SSN#: _____ Date of Birth: _____

Health Coverage Information

Type of HDHP Coverage: ☐ Single ☐ Family

Effective Date of Health Coverage_____

Authorization For Electronic Deposit And Withdrawals

Bank Information:

☐ Checking or ☐ Savings Account

Bank Name: _____ Bank Phone Number: _____

Bank ABA Routing Number: __ __ __ __ __ __ __ __ __ Bank Account Number: _____
(The ABA routing number is the nine-digit number located in the bottom left corner of your check)

NOTE: HSA Reimbursements will be electronically deposited to this bank account when the HSA debit card is not used.

Beneficiary Designation

Your spouse will be your beneficiary. If you have no spouse, your estate will be your beneficiary. You can change your beneficiary designations at any time by signing into your account at SelectAccount.com and completing online. The Beneficiary Form can be found at SelectAccount.com or by contacting customer service at (651) 662-5065 or (800) 859-2144.

HSA & Investment Account Maintenance Fees

HSA Participant Fee - The fee will be deducted from your HSA balance monthly unless it is paid by your employer.
Investment Accounts are available for Base Balance funds in excess of $1,000.00. For all basic investment accounts a monthly Investment Account fee of $1.50 will be deducted from your investment account balance.

Signature

The Account Holder named above is establishing this health savings account (HSA) exclusively for the purpose of paying or reimbursing qualified medical expenses of the account holder, his or her spouse, and dependents. The account holder represents that, unless this account is used solely to make rollover contributions, he or she is eligible to contribute to this HSA; specifically, that he or she: (1) is covered under a qualified high deductible health plan (HDHP); (2) is not also covered by any other health plan that is not a qualified HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage); (3) is not entitled to benefits under Medicare (generally, has not reached age 65); and (4) cannot be claimed as a dependent on another person's tax return.

The Custodial Agreement for this account will be sent to you under separate cover.

_____ _____

HSA Account Holder Signature Date

HSA Custodian Information

P.O. Box 64193, St. Paul, MN 55164-0193 • SelectAccount.com • (651) 662-5065 or (800) 859-2144

HEALTH SAVINGS ACCOUNT EMPLOYEE CONTRIBUTION ELECTION FORM

(To be completed and returned to your employer)

Employer Name: _____

ACCOUNT OWNER'S NAME AND ADDRESS

_____

Last Name **First Name** **Middle Initial**

_____

Street Address

_____

City **State** **Zip Code**

_____

Social Security No. **Daytime Phone** **Evening Phone**

CONTRIBUTIONS

☐ I wish to contribute $_____to my HSA account each pay period on a pre-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise.

☐ I wish to contribute $_____to my HSA account each pay period on a post-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise.

☐I wish to make a single contribution of $_____to my HSA account on a ☐pre-tax or ☐ post tax basis. I understand this will be deducted from my paycheck one time only for the tax year _____.

SIGNATURE

It is my responsibility (1) to determine whether I am eligible to make contributions to my HSA, and (2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

_____ _____

Account Owner Date