

**HEALTH SAVINGS ACCOUNT APPLICATION**

**Employer Information - To be completed by the Employer**

Employer Name \_\_\_\_\_ Employer: Please process enrollment form online at [hellofurther.com](http://hellofurther.com)  
 CPS ER# \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

**Account Holder's Information - Please complete and give to your Employer**

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**

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

**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)

**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 [hellofurther.com](http://hellofurther.com) and completing online. The Beneficiary Form can be found at [hellofurther.com](http://hellofurther.com) or by contacting customer service at (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 • [hellofurther.com](http://hellofurther.com) • (800) 859-2144