

# APPLICATION & ADOPTION AGREEMENT



Please complete all sections of this form and return to your Health Insurance Representative.

## IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

**THE USA PATRIOT ACT:** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

**What this means for you:** When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening an account. If you do not provide us with this information, we will not be able to open the account. If we are unable to verify your identity, we reserve the right to close your account or take other steps that we may deem advisable.

## STATE UNCLAIMED PROPERTY LAW DISCLOSURE:

The assets in your custody account are subject to state unclaimed property laws which provide that if no activity occurs in your account within the time period specified by the particular state law, your assets must be transferred to the appropriate state. We are required by law to advise you that your assets may be transferred to an appropriate state in compliance with these state laws.

## ACCOUNT OWNER INFORMATION

Name: \_\_\_\_\_

Residential Address \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

(Post office boxes will not be accepted)

SSN: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Personnel Number: \_\_\_\_\_ Agency # \_\_\_\_\_

## Health Savings Account Annual Election

Per Pay Period \$ \_\_\_\_\_ X # of Pay Periods \_\_\_\_\_ = Annual Election \$ \_\_\_\_\_

Please note the following Annual Contribution limits for 2016

Individual \$3,350 Family \$6,750  
HSA catch up contribution age 55 and older \$1,000

## INVESTMENT ELECTION

By opening this HSA, you (the Account Owner) irrevocably elect to make all contributions to the Bank Portion of your HSA until your account balance reaches \$1000. Thereafter, you may transfer money from the Bank Portion to any mutual funds available in the HSA or may direct new contributions to these mutual funds. If your initial contribution is more than \$1000 and you wish to allocate additional dollars into the available mutual funds, please visit [www.wageworks.com](http://www.wageworks.com).

## SIGNATURE

I (the Account Owner) certify under penalties of perjury that I am a U.S. person (including a U.S. resident alien) and my Social Security Number is true, correct and complete and that this number is my respective Taxpayer Identification Number. (If you are a foreign person, use the appropriate Form W-8.)

I hereby establish a Health Savings Account ("HSA") and appoint BNY Mellon Investment Servicing Trust Company as my HSA Custodian. I have received, read and agree to the terms, conditions and disclosure contained in this Application and Adoption Agreement, which includes the Disclosure Statement and Custodial Account Agreement. I have also received and read the Bank Disclosure Form and the current prospectus for each Fund that I have designated for investment. All dividends, and distributions for the Fund shares or accounts held in this HSA will be reinvested in shares of the Fund from which received. Subject to the \$1000 initial balance requirement in the Bank Portion, each subsequent contribution will be invested based on my authorized instructions received with the contribution or as provided in this document. The Custodian, upon authorized instructions may buy, sell or exchange any mutual fund shares in the HSA for any other mutual fund shares available in this HSA program in accordance with the then current Fund prospectus. I direct that my contribution be invested as indicated in this document, and I direct that all benefits upon my death be paid as indicated above. I understand and agree that the Custodian is not responsible for any assets until received nor for determining the propriety of any contributions made to the HSA. I understand I should not use my HSA debit card for non-qualifying or nonmedical purposes and that I am responsible for any IRS penalties. I further understand that I am responsible for any and all tax consequences if I submit an HSA withdrawal form or use my debit card for any non-qualifying or non-medical transaction. I agree to hold the Custodian harmless for its actions hereunder which were directed by me and will indemnify the Custodian for any and all claims and costs arising from transactions executed by the Custodian or its agents based on directions received from me, including but not limited to, court costs, attorney fees and other expenses incurred. I understand that this HSA is subject to the annual administration fees and other charges set forth in the current HSA fee schedule and agree to pay such fees and charges if not paid by my Employer. I understand that, in addition to such fees and charges, the Custodian may be reimbursed for all reasonable expenses incurred in connection with this HSA. I further understand that there may be additional fees associated with the debit card if I select this option, and that the underlying mutual funds charge for investment management fees and other expenses that are described in the applicable prospectuses. I acknowledge that I am responsible for determining my eligibility to participate in this HSA, the amount and deductibility of contributions hereunder, the taxation of any distributions from this HSA, and that no tax advice has been provided to me by the Custodian. The information I have provided is true and complete.

**I certify that I:** 1) Am currently covered under a high deductible health plan (HDHP). 2) Am not also covered by any other health plan that is not an HDHP (with certain exceptions for preventive care plans and limited types of permitted insurance and permitted coverage). 3) Am not enrolled in Medicare. 4) Cannot be claimed as a dependent on another person's tax return.

\_\_\_\_\_  
HSA Account Owner's Signature

\_\_\_\_\_  
Date

**Shares of mutual funds are not deposits or obligations of, or guaranteed or endorsed by, and bank nor are they federally insured or otherwise supported by the FDIC, the Federal Reserve Board or any other agency.**

**Services to your Account are provided by BNY Mellon Investment Servicing Trust Company (the Custodian), its affiliates, and your Health Plan. None of the service providers is providing investment, tax or legal advice or recommendations as to any investment product. You should consult a qualified advisor for advice specific to your own circumstances.**