

HSA ENROLLMENT FORM

INSTRUCTIONS:

1. Complete this form in order to open an HSA. (* = Required Fields)
2. Fax completed form to: Combined Services LLC at 603 224-0230 or mail form to PO Box 1320, Concord, NH 03302-1320.

If you have any questions regarding this form, please call 1 888 227-9745.

Account Holder Information (Please print):					
*Name (Last, First, MI)		*Social Security Number		*Date of Birth	*Gender
*Address (Cannot be a PO Box)			*City	*State	*Zip
*Home Phone Number ()	*Daytime Phone Number ()		*Email Address		
*Marital Status	*Mother's Maiden Name	*Hrs Wrk per Week	*Hire Date	*Payroll Frequency	

Election Options:

I am enrolling in an HSA through my employer. My employer will make a contribution to my HSA that will apply to my maximum contribution allowed. I am solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. I am also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution

*Indicate HDHP Coverage Level: Self-only or Family/Other

*Indicate if you are enrolled in an HDHP through your employer: Yes or No

If your employer maintains a cafeteria plan that permits HSA contributions, your employer contributions will be made with pre-tax dollars. You may also make contributions outside of your employment. If you would like to make a contribution immediately, please complete an HSA Contribution Form and submit that form with your payment.

*Employee Signature: _____ Date: _____

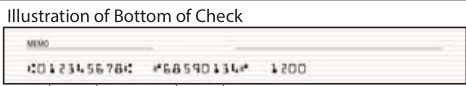
Debit Card: You will be issued two debit cards to access the funds in this HSA. If you need additional cards, or if a card is lost or stolen, there will be at \$10.00 charge for re-issue.

Disbursement Method:

Direct Deposit – You will need to provide your bank account information in the Direct Deposit Setup Section below.

Check – All disbursements will be paid to you by check and mailed. Note that a fee of \$10.00 will apply for each check disbursement.

Direct Deposit Setup: This section is required if you have chosen Direct Deposit as your HSA Reimbursement Method above.

*Bank Name	*Account Type <input type="checkbox"/> Checking or <input type="checkbox"/> Savings		
*Address	*City	*State	*Zip
*Routing Number			
*Account Number	<p style="text-align: center;">Routing Number Account Number</p>		

Beneficiary Designation and Information:

I designate the following individual(s) or entity as my primary or contingent death beneficiary(ies) of this HSA. If I am married in common law or in a community or marital property state, I must designate my spouse as my Primary Beneficiary unless spouse's signature is obtained and notarized below. Share percentages must equal 100% for primary and 100% for contingent.

Name & Address	Social Security No	Date of Birth	Relationship	Primary / Contingent	Share %
			<input type="checkbox"/> spouse <input type="checkbox"/> dependent /other <input type="checkbox"/> other	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> spouse <input type="checkbox"/> dependent /other <input type="checkbox"/> other	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> spouse <input type="checkbox"/> dependent /other <input type="checkbox"/> other	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

Please check one of the following:

I am not married. If I become married at a future date, I must complete a new Beneficiary Designation form.

I am married. I understand that if I choose to designate a primary death beneficiary other than my spouse, he or she must agree to the designation by signing below. My spouse's signature must be notarized.

Signature of Spouse _____ Date _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public: _____