

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

## OWNER INFORMATION

NAME AND STREET ADDRESS		MAILING ADDRESS (if different)	
Social Security Number	BIRTH DATE		
HOME PHONE	WORK PHONE	CELL PHONE	
EMPLOYER'S NAME AND ADDRESS			
DRIVER'S LICENSE/ID NUMBER	STATE	ISSUE DATE	EXPIRATION DATE
Secondary ID (Most commonly used secondary ID is your Social Security Card) <b>Please attach a copy of both your identifications.</b>			
What is your Occupation? _____ Are you a US Citizen? _____			

## AUTHORIZED SIGNER INFORMATION

*If you would like to authorize an individual to be on your HSA account as an authorized signer please complete the following.*

NAME AND STREET ADDRESS		MAILING ADDRESS (if different)	
Social Security Number	BIRTH DATE		HOME PHONE
DRIVER'S LICENSE/ID NUMBER	STATE	ISSUE DATE	EXPIRATION DATE

Type of Health Insurance Plan Coverage (select one):  Self-Only  Family

Please mark all that apply.

- I would like to order free HSA checks.
- I would like to order a free HSA Debit Card.
- I would like to order a free HSA Debit Card for my authorized signer.
- I do not wish to order checks or a HSA debit card at this time.
- I would like to set up Online Banking. My email address is: \_\_\_\_\_

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\_\_\_\_\_  
 Signature of HSA Owner

\_\_\_\_\_  
 Date