



Health Savings Account (HSA) Enrollment Form

A. Individual HSA Owner Information

Note: We comply with Section 326 of the USA PATRIOT Act, which requires us to collect and verify certain information about you when processing your account application. *Please retain a copy of this Enrollment Form for your records.*

Return this application and initial contribution check to **UMB Bank, n.a., Attention: HSA Department, P.O. Box 419226, Kansas City, MO 64106-6226.**

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				Date of Birth	
First Name		MI	Last Name		Social Security
Street Address (No Post Office Box)					Phone (Day)
PO Box, Apartment or Lot #			City	State	ZIP
					Phone (Evening)

B. Employer & TPA Information

Employer Name			Employer ID		Phone
Street Address (No Post Office Box)			City	State	ZIP
					Fax
TPA Name					TPA ID

C. High Deductible Health Insurance Provider Information

Note: Participants in an HSA generally cannot be covered by another health plan [other than the High Deductible Health Plan (“HDHP”)], except with respect to certain types of “permitted” insurance. See discussion in the HSA Questions and Answers (“HSA Q&As”).

Provider Name		Policy Number	Effective date of HSA
Agent Broker Name			Phone

D. Contribution Information

In the case of a rollover from an HSA or Archer Medical Savings Account (MSA), I certify that this contribution is a rollover contribution within the meaning of Internal Revenue Code Section 223, that the rollover is being made within 60 days of receipt, and I have not received a rollover in the last 12 months.

Initial HSA Contribution Amount	<input type="checkbox"/> Contribution \$	<input type="checkbox"/> Employer \$
Contribution Tax Year	<input type="checkbox"/> Current Tax Year	<input type="checkbox"/> Previous Tax Year
Note: if boxes are blank or both are selected the default will be “CURRENT TAX YEAR.” The “PREVIOUS TAX YEAR” box may only be checked if the contribution is being made by the due date (without extensions) of your tax return.		
Is this a rollover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rollover Amount \$

E. Beneficiary Designation (See Additional Information on reverse side or next page of this Enrollment Form.)

The Account Owner has the right to designate one or more persons who are entitled to receive funds in this HSA on the Owner’s death. Unless the Owner signs a separate Beneficiary Designation form available on our website or by calling us toll-free at 1.866.520.4HSA (4472) and files the form with us prior to his or her death, the sole beneficiary for this HSA shall be deemed to be the Account Owner’s estate.

F. HSA Deposit Account; Investment Options

All contributions to your HSA are initially made into an interest-bearing HSA Deposit Account at UMB Bank, n.a. If collected funds in the HSA Deposit Account exceed an amount (a “Peg Balance”) that we establish from time to time, other investment options may be available. See the reverse side or next page of this Enrollment Form for more information.

continued on next page

Health Savings Account (HSA)
Enrollment Form

G. Account Owner's Adoption and Enrollment Agreement

The Account Owner named above hereby certifies that the information set forth on this Enrollment Form is correct, and that the Account Owner is applying to open a custodial HSA at UMB Bank, n.a. ("UMB" or "us"). UMB is the custodian of your HSA, which consists of all the funds in your HSA Deposit Account with UMB Bank, n.a., as well as to any other investments you make through us with your HSA funds. The HSA is opened in the State of Missouri and will be governed by the laws of Missouri, except to the extent that Federal law supersedes Missouri law. Account Owner acknowledges receipt of the UMB HSA Custodial Agreement, the Additional Information on the reverse side or next page, and the HSA Deposit Account Terms and Conditions (together, the "HSA Documents"). Account Owner and all other authorized users of the HSA agree to be bound by all of the terms and conditions contained in the HSA Documents, as they may be amended by UMB from time to time. Account Owner also acknowledges receipt of UMB's Privacy Statement for Individuals and the HSA Q&As, which provide information about qualifications for opening an HSA under Federal law. Account Owner acknowledges that he or she has not relied on UMB for personal tax or insurance advice related to the HSA, but will rely on the advice of his or her own tax and insurance advisors relative to those matters. Account Owner will be sent a Visa® HSA Debit Card (the "Card") that will access the HSA after this application has been approved. The Card will be governed by the Cardholder Agreement that will be sent with the Card. If Additional Authorized Signers are designated below, Account Owner authorizes UMB to issue additional Cards to each such person, and agrees that each such person is also authorized to write checks against the HSA Deposit Account, if check writing privileges are provided, and to receive information regarding the account. UMB may provide information to any such Additional Authorized Signer regarding the HSA. Account Owner and each Additional Authorized Signer acknowledge that UMB may obtain a personal credit report on each such person as a condition of opening the account or issuing a Card. Account Owner directs that all funds remaining in the HSA at his or her death will be paid to Account Owner's estate, unless a separate Beneficiary Designation form is signed by Account Owner and filed with UMB prior to Account Owner's death. Account Owner agrees to pay all fees applicable to the HSA, as set forth in the HSA Documents, and authorizes UMB to deduct such fees from the HSA. Account Owner understands and agrees that UMB may provide Account Owner's Health Savings Account Number to the Employer or TPA named above for the purpose of facilitating the payment of contributions on Account Owner's behalf to the HSA.

Account Owner's W-9 Certification

Under penalties of perjury, I certify (1) that the Taxpayer Identification Number shown above is my correct Taxpayer Identification Number (interest paid, if any, will be reported under this number), (2) that I am exempt from backup withholding, or I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, (3) that I am a U.S. person (including a U.S. resident alien), and (4) that I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Certification Instructions: Cross out item (2) above if you have been notified that you are subject to backup withholding because of under reporting interest or dividend on your tax return.

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Account Owner	X	Date
-----------------------------------	----------	-------------

Additional Authorized Signer(s):			
Name	Signature (please use black ink)	Social Security	Date of Birth
	X		
	X		

continued on next page