

HSA ELIGIBILITY AND INFORMATION

HSA OWNER'S NAME AND ADDRESS			HSA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS		
Social Security Number	Date of Birth (mm/dd/yyyy)	Home Phone	HSA Account Number	HSA Suffix	Trustee's or Custodian's Phone Number

TYPE OF HSA CONTRIBUTION
<i>Refer to the sections below for the eligibility requirements related to the type of HSA contribution you select.</i>
<input type="checkbox"/> Regular <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover

ELIGIBILITY REQUIREMENTS																					
<p>REGULAR CONTRIBUTION</p> <table style="width: 100%;"> <tr> <td style="width: 10%;">YES</td> <td style="width: 10%;">NO</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1. Are you covered by a high deductible health plan (HDHP)?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2. Are you also covered by any other health plan that is not an HDHP and that provides coverage for any benefit which is covered under the HDHP (with limited exceptions)?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3. Are you enrolled in Medicare?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4. Are you eligible to be claimed as a dependent on another person's tax return?</td> </tr> </table> <p><i>If you answered YES to question 1 and NO to questions 2 through 4, you are eligible to establish an HSA.</i></p> <p><i>If this contribution is a qualified HSA funding distribution from your IRA, please answer the following eligibility question.</i></p> <table style="width: 100%;"> <tr> <td style="width: 10%;">YES</td> <td style="width: 10%;">NO</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Do you certify that you satisfy the requirements for depositing a qualified HSA funding distribution from your IRA?</td> </tr> </table>	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	1. Are you covered by a high deductible health plan (HDHP)?	<input type="checkbox"/>	<input type="checkbox"/>	2. Are you also covered by any other health plan that is not an HDHP and that provides coverage for any benefit which is covered under the HDHP (with limited exceptions)?	<input type="checkbox"/>	<input type="checkbox"/>	3. Are you enrolled in Medicare?	<input type="checkbox"/>	<input type="checkbox"/>	4. Are you eligible to be claimed as a dependent on another person's tax return?	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	Do you certify that you satisfy the requirements for depositing a qualified HSA funding distribution from your IRA?
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<p>NOTE: <i>If you are age 55 or older by the end of the year you may be eligible to make additional catch-up contributions to your HSA.</i></p>																					
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SIGNATURES	
<p>I certify that all of the information provided by me is true and accurate and may be relied on by the Trustee or Custodian. I certify that I am eligible for the type of HSA deposit being made. I assume complete responsibility for ensuring that all HSA contributions I make are within the limits set by the tax laws, and related regulations and plan agreement and for the tax consequences of any contributions (including any rollover contributions) and distributions. I understand that the terms and conditions which apply to my HSA are contained in my HSA plan agreement and I agree to be bound by those terms and conditions.</p>	
_____ HSA Owner	_____ Date (mm/dd/yyyy)
_____ Witness	_____ Date (mm/dd/yyyy)

Rules And Conditions Applicable to an HSA

GENERAL INFORMATION

An HSA is a trust or custodial account which is created exclusively for the benefit of the HSA Owner and which is generally used to pay qualified medical expenses. If you are eligible, contributions can be made to your HSA by either you and/or your employer. Qualified distributions from HSAs are tax-free.

DEFINITIONS

In general, a high deductible health plan (HDHP) means, as defined in IRC Section 223(c)(2), a health plan which satisfies each of the following requirements regarding deductibles and expenses:

- The deductible is not less than \$1,200 for single coverage and not less than \$2,400 for family coverage for 2011 and for 2012.
- The sum of the annual deductible and the other annual out-of-pocket expenses required to be paid under the plan (other than for premiums) for covered benefits does not exceed \$5,950 for single coverage for 2011 (\$6,050 for 2012) and \$11,900 for family coverage for 2011 (\$12,100 for 2012).

REQUIREMENTS

Certain Coverage Disregarded – Generally, you are ineligible for an HSA if you, while covered under an HDHP, are also covered under a health plan that is not an HDHP. However, you do not fail to be eligible for an HSA merely because, in addition to an HDHP, you have:

- (1) coverage for any benefit provided by permitted insurance (as defined in IRC Sec. 223(c)(3)), and
- (2) coverage (whether through insurance or otherwise) for accidents, disability, dental care, vision care, or long-term care.

Age 55 Catch-up Contributions – If you have attained age 55 before the close of the taxable year, you may be eligible to contribute an additional \$1,000 to your HSA (for 2011 and for 2012).