



Health Savings Account (HSA) Information for Application

First Name: _____ M.I. _____ Last Name: _____

Gender: Male Female Policy Type: Family Self

Home Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____
(If different than home address)

Home Phone: _____ Cell Phone: _____

Mother's Maiden Name: _____ Date of Birth: _____
(Security question for fraud protection on debit card)

Social Security Number: _____ Email: _____
(Optional for Internet access)

Driver's License #: _____ State: _____ Issue date: _____ Exp. date: _____

Employer: _____ Work Phone: _____

Debit Card: Yes No Internet Banking: Yes No
(Optional) *(Optional)*

Beneficiary Information:

**Social security numbers for beneficiaries will be needed when documents are signed.*

Primary Beneficiary Name: _____

Social Security Number: _____

Relationship to Account Owner: _____

Contingent Beneficiary Name: _____
(if applicable)

Social Security Number: _____

Relationship to Account Owner: _____

Name of Additional Authorized Signer: _____
(if applicable)