OPTUM Bank℠

# Health Savings Account (HSA) Application

To avoid processing delays, please complete all fields on the application – starred fields (*) are required.

Mail your completed application to:
State of RI - Employee Benefits Office
One Capitol Hill, Providence, RI 02908

Or fax both sides of this form to:
401-222-2964

## PART 1: Personal Information – Account holder

| *Social Security # / Tax Identification # | *Date of Birth (mm/dd/yyyy) |
|---|---|
| ___ - __ - ____ | __ / __ / ____ |

| *First Name | Middle Initial | *Last Name |
|---|---|---|
| | | |

| *Street Address (cannot be a PO Box) | Apt # | *City | *State | *ZIP |
|---|---|---|---|---|
| Mailing Address (if different than street address) | Apt # | City | State | ZIP |

| *Home Phone | Work Phone |
|---|---|
| ( ___ ) ___ - ____ | ( ___ ) ___ - ____ ext. ____ |

*Verification Code (such as your Mother's Maiden Name)
To be Used for Security Purposes – Up to 10 Letters

E-mail Address

## PART 2: Request for additional debit card (optional)

If you wish to request a Health Savings Account Debit MasterCard® for use by an authorized user – either your spouse or another eligible dependent – please complete the section below.

| Authorized User's First Name | Middle Initial | Last Name |
|---|---|---|
| | | |

## PART 3: High deductible health plan (HDHP)/medical plan information

| *Medical Insurance Company or Carrier | *Medical Insurance Plan or Group # |
|---|---|
| HDHP Member Identification # (you may find on your ID card) | *HDHP Effective Date __ / __ / ____ |

*Who is covered? (check one): ☐ Individual ☐ Family [Individual + Dependent(s)]

| *Are you Enrolling in an HSA through your Employer? (check one): ☐ Yes ☐ No | If Yes, Provide your Employer's Name: |
|---|---|

*PLEASE TURN PAGE OVER AND COMPLETE BOTH SIDES OF THIS APPLICATION >*

PER THE USA PATRIOT ACT:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open the account, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

## PART 4: Beneficiary information (optional)

If you don't designate a beneficiary, the funds will go to your legal spouse if you have one. If you are not married at the time of your death, the funds will go to your estate. You can update this information once your account is opened by logging in to your account.

## PART 5: Required signature (Please Read Before Signing)

By signing below, I acknowledge and certify that:

- I wish to establish a health savings account ("HSA") with Optum Bank as custodian.
- I understand the eligibility requirements for deposits made to my HSA and state that I qualify to make deposits to this account. I have reviewed this application and understand and agree that my HSA will be opened under and governed by Optum Bank's Custodial and Deposit Agreement and that the terms and conditions therein will be binding on me. This document will be sent to me when my account is opened, along with Optum Bank's Privacy Policy and Schedule of Fees.
- I authorize Optum Bank to provide information about my HSA, including my account number, to my employer (if applicable) and those acting on behalf of my employer or Optum Bank (if applicable), in connection with the establishment and maintenance of my HSA.
- I acknowledge that my employer and all others acting on behalf of my employer (if applicable), may provide information on my behalf to establish and maintain my HSA and authorize my employer and its designee to take such action deemed necessary and appropriate by my employer to administer my HSA, including but not limited to, effectuating deposits and correcting errors where necessary.
- I understand my monthly account statements will be made available to me electronically. I agree to notify Optum Bank if I wish to have statements mailed to my home address.
- I have requested a Health Savings Account (HSA) Debit MasterCard and if I have filled out the information to request an additional debit card, I hereby request Optum Bank to issue a debit card on my account to the person indicated and I acknowledge I will be liable for the use of the debit card by the Authorized User.
- I certify that the information provided in this application is true and complete.

X_____ _____

*Account Holder – Signature Required Date

IMPORTANT: We cannot process this application without your signature.

## PART 6: Opening deposit

We will notify you when your application is approved and your account is open. Then, you can log into your account to make deposits. Or, you can download a contribution/deposit form from optumbank.com and return it with a check or money order.



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