



## Health Savings Account Application

Thank you for choosing Fidelity Bank for your Health Savings Account (HSA). In order to qualify for an HSA, you must meet the following four requirements in accordance with the Internal Revenue Service, Publication 969:

1. You have a High Deductible Health Plan (HDHP)
2. You have no other health coverage
3. You are not enrolled in Medicare
4. You cannot be claimed as a dependent on someone else's tax return

If, after reviewing these requirements, you find that you qualify for an HSA, please complete and submit the following application by mail to:

Fidelity Bank  
Attn: Deposit Services  
100 E. English  
Wichita, KS 67202

Once Fidelity Bank receives your application, we will complete the required account agreements and return them to you via US Mail. After you have reviewed the terms of the account, sign the documents where indicated and return them, along with your opening contribution, to Fidelity Bank. You will receive your pre-printed personal checks and your HSA Debit Card in the mail in approximately 10-14 days. All fields on the application must be completed.

### **Important Information about Procedures for Opening a New Account:**

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.

In accordance with Section 326 of the USA PATRIOT Act, please include a copy of an unexpired driver's license or state issued ID for the account owner and the authorized signer with this application. ***Applications submitted without this documentation cannot be approved.***



**HSA Applicant Information (Fields with an asterisk are required):**

\*First Name \_\_\_\_\_ \*Initial \_\_\_\_\_ \*Last Name \_\_\_\_\_  
\*SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\*Street Address \_\_\_\_\_  
\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
\*Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work phone( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Employer \_\_\_\_\_ \*Policy Type  Individual  Family  
\*Driver's License # \_\_\_\_\_ \*Issuing State/Entity \_\_\_\_\_  
Date of Issue \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Expiration \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

---

**Authorized Signer Information (Fields with an asterisk are required):**

The Internal Revenue Service deems HSA Accounts as individual ownership accounts, therefore, your HSA cannot be held jointly. However, Fidelity Bank will permit you to designate an authorized signer to act on your behalf in connection to this account only. By making this designation, you agree to allow the authorized signer to have access to all records relating to this account and this account only. In addition, this designation remains in effect until Fidelity Bank receives notification in writing of its revocation. The authority of an authorized signer ceases upon death of the owner.

\*First Name \_\_\_\_\_ \*Initial \_\_\_\_\_ \*Last Name \_\_\_\_\_  
\*SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\*Street Address \_\_\_\_\_  
\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
\*Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work phone( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Employer \_\_\_\_\_  
\*Driver's License # \_\_\_\_\_ \*Issuing State/Entity \_\_\_\_\_  
Date of Issue \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Expiration \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

---



### Designation of Beneficiary

#### Primary Beneficiary

Percentage	Name of Beneficiary	SSN or Taxpayer ID Number	Relationship to HSA Owner
%			
%			
%			
<b>Total 100%</b>			

#### Contingent Beneficiary

Percentage	Name of Beneficiary	SSN or Taxpayer ID Number	Relationship to HSA Owner
%			
%			
%			
<b>Total 100%</b>			

---

### Contribution Information

Initial Contribution Amount \$ \_\_\_\_\_

Type of Contribution:

- Regular  
 Rollover (Must also complete Rollover form)  
 Transfer (Must also complete Transfer form)

Initial contribution made by  HSA Owner  Employer  Family Member  Other

---

### Additional Products

- Visa HSA Debit Card     2<sup>nd</sup> Visa HSA Debit Card for authorized signer  
 Pre-printed checks (50 checks per order)

---

By signing below, I understand that this application in no way guarantees acceptance or opening of an HSA Account at Fidelity Bank. I am aware that Fidelity Bank will verify the information provided on this application through third parties such as ChexSystems, or credit bureaus.

\_\_\_\_\_  
Signature of applicant                      Date

\_\_\_\_\_  
Signature of authorized signer                      Date