



HEALTH SAVINGS ACCOUNT 2019

APPLICATION AND ELIGIBILITY FORM



Instructions: All fields must be completed. Return this application with a check to:
Resource Bank - 1598 Ocshner Blvd. Suite 100 - Covington, LA 70433

Make Check Payable to Resource Bank for
One Time Set-up Fee (No monthly fee) \$ 25.00
Check Order (\$15.00, if requested) \$
Initial Contribution (Min. \$50) \$
Total Amount Enclosed \$

To verify Identity, by law, we must obtain 2 forms of valid Identification. *

Personal Information

Social Security # Birth Date (MM/DD/YYYY)

First Name MI Last Name

Street Address

P.O. Box City

State Zip Preferred Mailing Method [] Street Address [] P.O. Box

County

Home # Business #

Form of Identification

Driver's License [] State ID [] Passport [] ID#

Email

* Note: 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.

Type of initial deposit - Please check one

- [] Regular - Year of the Contribution (required)
[] Rollover (Please attach rollover form)
[] Trustee to trustee Transfer (Please attach transfer form)

Initial Contribution Source and Amount

Account Holder Deposit Amt. \$
Employer Deposit Amt. \$
Effective Date of High Deductible Insurance
Individual [] Family []

Employer Information (for help, see your Employer's Rep. or Agent)

Employer Name

Employer Contact Name

Mailing Address

Type of Business

City State Zip

Phone:

Occupation

Eligibility Requirements: REGULAR HSA

- [] Y [] N Account holder certification - I certify that (1) I am covered by a Qualified High Deductible Health Plan (QHDHP), and (2) I certify that I am not covered by a health plan, other than a QHDHP, which provides the same benefits as the QHDHP.

Note: If you answered NO to the above, you are not eligible to establish a qualified HSA.

HSA Account Options:

Please read Power of Attorney section for spousal or third party access to your HSA.

- I would like to order 200 non-duplicate Checks, including 10 deposit tickets, at a cost of \$15.00, to be used for normal distributions only.
- I would like 1 free Resource Bank Visa Debit card issued in my name for my HSA account to be used for normal distributions.

(Please fill out the attached Debit Card Application on page 3. We are unable to issue any debit cards without a debit card application.)

Note: Purchases made with either the Resource Bank Visa Debit Card or Resource Bank Checks will be reported by the bank as "normal distributions." I understand I should not use my debit card or checks for non-qualifying or non-medical purposes and that I am responsible for any IRS penalties.

Rules and Conditions Applicable to HSA

GENERAL INFORMATION: An HSA is a trust or custodial account which is exclusively used to pay qualifying medical expenses. If you are eligible, contributions can be made to your HSA by you or your employer. Qualifying distributions from your HSA are tax-free.

DEFINITIONS: High Deductible Health Plan (HDHP) generally means, as defined in IRC Section 223(c)(2), a health plan, which satisfies the following requirements regarding deductibles and expenses for Tax year 2019: (a) For single coverage, the deductible must not be less than \$1,350 with annual out-of-pocket expenses not exceeding \$6,750, or (b) for family coverage, the deductible must not be less than \$2,700 with annual out-of-pocket expenses not exceeding \$13,500. The maximum amount of contributions in any one year that can be made is \$3,500 for single coverage, and \$7,000 for family coverage.

Note: You will receive your HSA account information and welcome kit once we process your application. If your application is received incomplete, we will not be able to process it until we receive all required items. (Please see instructions on previous page.)

Authorized Signer / Power of Attorney (POA) (Optional):

Authorized Signer / POA signature required below. Since regulations require that only one individual own an HSA account, the account owner may want his/her spouse and/or another third party through power of attorney to write checks or use his/her debit card. I (account holder) hereby designate the following individual as additional signer on my Health Savings Account.

First Name _____ MI _____ Last Name _____ Phone No. _____
Address _____ City/State/Zip _____
Social Security # _____ Birth Date _____ Employer _____ Occupation _____

- I would like a second FREE Resource Bank Visa Debit Card issued for the Authorized Signer/POA listed above for my HSA account, to be used for normal distributions only. **(Fill in the "Name of Authorized Signer/POA" section on the Debit Card Application and sign in the space provided.)**

Resource Bank is hereby appointed to serve as custodian for my Health Savings Account. I agree to be bound by the rules and regulations applicable to the Health Savings Account established by the Application and Agreement as they may be amended from time to time. I also agree to the Bank's agreements, rules and regulations, and disclosures applicable to any additional accounts that I establish with the Bank in the future as an individual, custodian or single trustee.

By signing this Application and per the HSA Account options selected above, I am requesting that the Bank issue to my spouse or other authorized third party as indicated above a Resource Bank check order to facilitate access to my Health Savings Account.

Note: Authorized Signer / POA Signature required below.

Signatures: Important: Please read before signing.

I understand the eligibility requirements for the type of HSA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application and the HSA Custodial Agreement. I understand that the terms and conditions which apply to this HSA are contained in this Application and the Agreement. I agree to be bound by those terms and conditions. Within seven (7) calendar days from the date I open this HSA, I may revoke it by mailing or delivering a written notice to Resource Bank (set-up fee non-refundable).

I assume complete responsibility for:

1. Determining that I am eligible for an HSA each year I make a contribution. 2. Ensuring that all contributions I make are within the limits set forth by the tax laws. 3. The tax consequences of any contribution (including rollover contributions) and distributions.

T.I.N. BACKUP WITHHOLDING CERTIFICATION (Cross out item two (2) if subject to backup withholding) Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number (T.I.N.)(or I am waiting for a number to be issued to me), (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

HSA Holder Signature _____ Date _____

Signature of Witness (Required) _____ Date _____

Authorized Signer / POA Signature _____ Date _____

Printed Name of Witness _____ Date _____

