

Health Savings Account Enrollment Form

City of Peabody



Live Chat: benstrat.com
Phone: 1-888-401-FLEX (3539)

Fax: 603-647-4668
Email: info@benstrat.com

Address: PO Box 3938, Manchester, NH 03105

Please note: All fields are required. As a part of the U.S. Patriot Act of 2001, financial institutions must verify the identity of any person seeking to open an account. If the information provided in Section A cannot be verified via the ID verification process, we will contact you to obtain documentation to validate the accuracy of the information. HSA funds will be on hold until the ID verification hold has been cleared. If not cleared within 60 days of notice, your HSA will be closed and any funds returned to the originating account.

Employee Information:

Employee Name:
 First/Middle/Last

Employee SSN:

Home Address:
 (City, State, Zip Code)
 Cannot Be a P.O. Box

Date of Birth:

Email Address:

Day Phone:

E-mail is required to receive important account notifications. Your email address will not be shared, sold or used for purposes other than contacting you regarding your HSA.

Date of Hire:

Gender: M F

Division:
 (If Applicable)

Medical Plan Information For the HSA-Qualified High Deductible Health Plan (HDHP):

HDHP Effective Date:

HDPH Coverage Level: Self-Coverage Family/Other

If HDHP Effective Date Is:	And HSA Application Signature Date Is:	The HSA Effective Date Can Be:
First of month Example: January 1	On or Prior to HDHP Effective Date Example: January 15	HDHP Effective Date or any later date Example: January 1 or later date
First of month Example: January 1	After HDHP Effective Date Example: January 15	Date of application or any later date Example : January 2 or later date
Other than First of month Example: January 15	On or 1st of month following HDHP Effective Date Example: January 25	1st of month following HDHP effective date or later Example: February 1 or later date
Other than First of month Example: January 15	After or 1st of month following HDHP Effective Date Example: February 2	Date of application or any later date Example: February 2 or later date

Debit Card

You will automatically receive a set of two identical debit cards that you can use to access Has funds when paying at the point of service/sale or when paying a bill. Debit cards will be mailed to your home address in an envelope that looks like this. You will sign the back of one card and an eligible dependent can sign the back of the other card for his/her use. Additional and replacement cards can be ordered by contacting Benefit Strategies at 888-401-3539 or info@benstrat.com. Fee may apply.



Health Savings Account Enrollment Form

City of Peabody



Distribution Request:

You can request a distribution of funds from your HSA easily through your secure online account at benstrat.com. You can also complete and submit the HSA Distribution form. The form can be downloaded from benstrat.com or you can contact Benefit Strategies to have the form sent to you. Indicate below how you would like to receive the funds when you request a distribution.

Direct Deposit No fee. Please complete below. **Check** \$5.00 fee applies for each check distribution.

Direct Deposit Information

Bank Name:

(See #1 on sample)

Account Type:

Checking

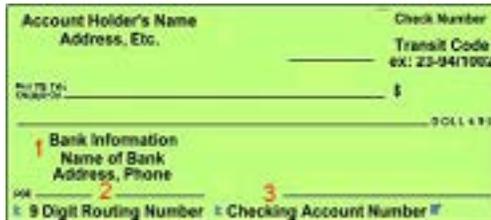
Savings

9 Digit Routing Number:

(See #2 on sample)

Account Number:

(See #3 on sample)



Beneficiary Designation:

I designate the following individual(s) or entity as my primary or contingent death beneficiary(ies) of this HSA. If I am married in common law or in a community or marital property state, I must designate my spouse as Primary Beneficiary unless my spouse's signature is obtained and notarized below. Share percentages must equal 100% for primary and 100% for contingent.

Name:

First/Last

Relationship:

Spouse

Dependent

Other

Address:

(City, State, Zip)

Full SSN:

Primary

OR

Contingent

Date of Birth:

MM/DD/YYYY

Share Percentage:

Name:

First/Last

Relationship:

Spouse

Dependent

Other

Address:

(City, State, Zip)

Full SSN:

Primary

OR

Contingent

Date of Birth:

MM/DD/YYYY

Share Percentage:

Name:

First/Last

Relationship:

Spouse

Dependent

Other

Address:

(City, State, Zip)

Full SSN:

Primary

OR

Contingent

Date of Birth:

MM/DD/YYYY

Share Percentage:

Health Savings Account Enrollment Form

City of Peabody



Please check one of the following:

- I am not married. If I become married at a future date, I understand I must complete a new Beneficiary Designation form.
- I am married. I understand that if I choose to designate a primary beneficiary other than my spouse, he or she must agree to the designation by signing below. My spouse's signature must be notarized.

**Notarized Signature
of Spouse:**

First/Last

(Only required if spouse is waiving beneficiary rights)

Date:

Subscribed and sworn to before me this day of 20

Notary Public:

First/Last

Signature And Acknowledgments:

By executing this form:

- I acknowledge that I understand I will receive an HSA confirmation email from Benefit Strategies with account login instructions and I am then responsible for logging in to my account at www.benstrat.com accepting Terms and Conditions. I understand that until I do so, I will not have any access to contributions made to my HSA from any source.
- I acknowledge that I will read the HSA Disclosure Statement and HSA Custodial Agreement (including Privacy Policy) online at www.benstrat.com and agree to receive future notices of updates by visiting www.benstrat.com, and to review the Custodial Agreement (and Privacy Policy) no less frequently than annually. (Privacy Policy can also be viewed by visiting www.healthcarebank.com)
- I understand that by opening an HSA I am consenting to receive electronic documents, including the monthly HSA Account Statement, and that if I want to opt out of electronic documents I can do so by requesting the change through the Statements & Notifications area of my secure account at www.benstrat.com and. A fee may apply for each paper HSA Account Statement sent.

Employee Signature:

First/Last

Date: