

# Health Savings Account



Welcome to Genesee Regional Bank (GRB). You have been offered enrollment into the GRB Health Savings Account (HSA). The HSA enables you to pay for current qualified medical expenses and save for future qualified medical expenses on a tax-free basis. You can make pre-tax contributions to the HSA through your employer.

Please complete all information and return to your HR Representative. Once your completed application has been processed by GRB we will provide your HSA Agreement, Account Signature Card & Account Disclosures for your signature and acknowledgement via DocuSign. **You must sign and acknowledge the documents through DocuSign before GRB can activate your account and accept deposits.**

## Part 1: Account Information and Proof of Identity

To complete the application, we will need one form of ID as outlined below:

- A CLEAR photocopy of your current, unexpired Driver's License
- If the address as listed on this application is NOT what is listed on the front side of your driver's license, then you will need to provide a CLEAR photocopy of a document with your current address such as a utility bill or car insurance card
- If you do not have a Driver's License you may use one of the following examples containing a photo and signature in addition to proof of current physical address:
  - U.S. Passport (non-expired)
  - Military ID card
  - Resident Alien Card/Permanent Resident Card

## Part 2: HSA Debit Card

- You need to designate who you are authorizing to receive an HSA debit card. This includes your spouse or any dependents you claim on your tax return.
- You may use your HSA debit card to pay for qualified medical expenses.

## Part 3: Account Beneficiaries

- You may elect to designate beneficiaries to receive your HSA funds at the time of your death.

## Part 4: Disclosures

- Patriot Act
- ChexSystems Authorization
- Signature

# Part 1: Account Information and Proof of Identity



## ACCOUNT HOLDER INFORMATION

Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Are you a citizen of a foreign country? No  Yes

Do you travel outside the U.S. for business? No  Yes



## PLAN SELECTION

SINGLE PLAN

FAMILY PLAN



## PROOF OF IDENTITY

Section 326 of the USA Patriot Act requires GRB to not only obtain identifying information on our customers but also to keep records of our efforts to verify their identifying information.

- Please provide a legible photocopy of your current, unexpired Driver's License
- If you do not have a Driver's License, you may use one of the following examples containing a photo and signature in addition to proof of physical address:
  - U.S. Passport (non-expired)
  - Military ID card
  - Resident Alien Card/Permanent Resident Card

**PLEASE NOTE: IF YOUR CURRENT ADDRESS IS NOT WHAT IS LISTED ON YOUR DRIVER'S LICENSE, YOU MUST ALSO PROVIDE PHOTOCOPY PROOF OF ADDRESS. EXAMPLES INCLUDE A UTILITY BILL, PAY STUB OR CAR INSURANCE CARD.**

# Part 2: HSA Debit Card



## Consumer Account Service Application

Your HSA allows you to use a Debit card to make qualified medical expense transactions. You may order additional cards for covered dependents.

Number of cards requested \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

# Part 3: Account Beneficiary



## Designation of Beneficiary

At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary. A designation of a beneficiary's primary or contingent classification is generally made by entering a percentage in one of the two columns to the left of the name. In the event a beneficiary is named as both a primary and contingent beneficiary, or if a beneficiary is not assigned to a beneficiary classification, such beneficiary shall be a primary beneficiary. If no percentages are assigned to the beneficiaries, or if the percentage total for any beneficiary classification exceeds 100 percent, the beneficiaries in that beneficiary classification will share equally. If the percentage total for each beneficiary classification is less than 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. If all of the beneficiaries die before me, or if none are designated, my HSA assets will be paid to my estate.

PRIMARY SHARE	CONTINGENT SHARE	NAME OF BENEFICIARY	SSN OR TIN	RELATIONSHIP TO HSA OWNER	DATE OF BIRTH	ADDRESS, CITY, STATE, AND ZIP
%	%					
%	%					
%	%					
%	%					
%	%					
<b>Total 100%</b>	<b>Total 100%</b>					

# Part 4: Disclosures

## 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. What this means for you: When you open an account, we will ask for your name, 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.

## ChexSystems Authorization

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied.