



Instructions:

1. To avoid processing delays, please complete all fields on the application. The shaded field is the only optional field; all other fields are required.
2. Give completed form to your Benefits Administrator or Independent Broker.
3. Please do not submit check contributions with this form.

Group Number *(completed by your Administrator)*

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Last Name

[illegible]

First Name

[illegible]

Middle Initial

7

Social Security Number

$$\boxed{} \boxed{} \boxed{} - \boxed{} \boxed{} - \boxed{} \boxed{} \boxed{} \boxed{}$$

Date of Birth (mm / dd / yyyy)

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E-mail Address

[illegible]

Street Address (Residential street address required, No PO Boxes)

[illegible]

Address 2

[illegible]

City

[illegible]

State

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Zip Code

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Home Phone (Required)

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Evening Phone (Optional)

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Yes, please send my enrollment information to *The Bancorp Bank* to enroll me in a Bancorp HSA.

Signature (Required)

Signature Date (mm / dd / yyyy)

	/		/	
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IMPORTANT: We cannot process this application without your signature.

Please read before signing above

I understand the eligibility requirements for deposits made to my Health Savings Account (HSA) and state that I qualify to make deposits to this account.

I assume complete responsibility for:

1. Determining my eligibility for an HSA each year I make a contribution.
2. Ensuring all contributions made to my account are within the limits set forth by the tax laws.
3. Any tax consequences of contributions (including rollover contributions) and distributions.



Health Savings Account (HSA) Enrollment Request for The Bancorp Bank (Bancorp)

Instructions for Enrolling in a Bancorp HSA:

- 1) Complete this application (see other side) and give it to your Benefits Administrator or Independent Broker.
- 2) If all information is complete, Bancorp will send you a welcome package of information.
- 3) Complete and sign the signature card form included in the Bancorp welcome package and return the signature card to Bancorp in the business reply envelope enclosed with your Bancorp welcome package.

Eligibility:

You are eligible for an HSA if:

- 1) You are enrolled in an HSA-qualified High Deductible Health Insurance Plan (HDHP) that meets the minimum annual deductible for single coverage or for family coverage as determined by the Department of the Treasury (go to www.ustreas.gov to see current minimum deductibles).
- 2) You are **not** covered by another health insurance plan, as either an individual, spouse or a dependent other than another High Deductible Health Plan, or a plan providing specific, limited coverage.
Examples of allowable coverage include:
 - a. Dental, vision, disability and long-term care insurance, or auto insurance
 - b. Insurance for a specified disease or illness, or
 - c. Insurance that pays a fixed amount per day (or other period of hospitalization)
- 3) You are not eligible for, or enrolled in Medicare
- 4) You cannot be claimed as a dependent on someone else's tax return

Health Savings Account (HSA) benefits:

- Tax-free interest or other earnings on your assets
- A tax deduction for the contributions you make. You are eligible for a deduction even if you don't itemize your tax deductions on Internal Revenue Service (IRS) Form 1040.
- Opportunity to build funds for your medical care needs. Your contributions remain in your HSA from year-to-year until you use them.

Please consult a tax advisor for guidance and comprehensive information about HSAs and other tax-related issues as well as eligibility requirements, definitions of qualified medical expenses, and mid-year contribution amounts.

The most current information on HSAs is provided by the United States Department of the Treasury at <http://www.ustreas.gov>

