

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

AmeriHealth has a preferred relationship with The Bancorp Bank to provide HSA services. Please complete this form to open an Health Savings Account with The Bancorp Bank.

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.

Section 1. Health Plan Information			
Group Number (completed by your Administrato	·)		
Section 2. Employee Information			
Last Name	First	Name	Middle Initial
Social Security Number	Date of Birth (mm / dd / yyyy)		
E-mail Address			
Street Address (Residential street address requi	red No PO Royes)		
Officer Address (Fleshaerman street address regar	ed, No FO Boxes)		
Address 2			
City	State	Zip Code	
Home Phone (Required) Evening Phone (Optional)			
Section 3. Signature and Verification		l l	
Yes, please send my enrollment information to 7	he Bancorp Bank to enroll me in		
Signature (Required)		Signature Date (mm / dd /	
IMPORTANT: We cannot process this application	a without your cignature		
Please read before signing above I understand the eligibility requirements for depothis account. I assume complete responsibility for: 1. Determining my eligibility for an HSA eacl	sits made to my Health Savings A		leposits to
 Ensuring all contributions made to my acc Any tax consequences of contributions (ir 			





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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 yearto-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

