



## FOWLER STATE BANK HealthCare Savings Account (HSA) Application

I wish to establish a Healthcare Savings Account (HSA) with **Fowler State Bank** as the custodian and me or my agent, as Plan Service Provider and direct all my contributions to be deposited into a **Fowler State Bank HSA**. I have established, or I am in the process of establishing, a Qualified High Deductible Health Insurance Policy as required for the HSA.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Email Address (optional) \_\_\_\_\_

Citizen of USA     Yes     No

### Eligibility

- I am eligible for an HSA as an Employee of an Employer who is offering them:

Name of Employer \_\_\_\_\_ Contact Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

- Other (self-employed, employed but responsible for health insurance coverage, retired, etc.)

### Existing Health Policy

If you do have existing medical coverage, please enter:

Name of your current Insurance Company \_\_\_\_\_

Policy Number (opt) \_\_\_\_\_ Deductible\$ \_\_\_\_\_

Effective Dates of Coverage: From \_\_\_\_\_ To \_\_\_\_\_

Note: HSA coverage is available for Account Holders and their dependents covered by a Qualified High Deductible Health Insurance Policy only. Any duplicating medical coverage disqualifies the HSA during periods of duplicate coverage.

Please return this application along with two forms of Identification. A copy of your driver's license and a copy of your social security card would suffice.

Mail to:                    Fowler State Bank  
                                  Attn: H.S.A. Department  
                                  PO Box 511  
                                  Fowler IN 47944-0511

This application does not guarantee that Fowler State Bank will open your H.S.A. However, should Fowler State Bank choose to open the H.S.A. on your behalf you will receive by mail the H.S.A. Adoption Agreement, Custodial Agreement, Beneficiary Designation, Signature Card, Debit Card Application and all applicable disclosures within five (5) days of receipt of your application.

Should you have any questions please feel free to contact the H.S.A. Department at 800/439-3951.

Signature \_\_\_\_\_ Date \_\_\_\_\_

No one other than a Fowler State Bank employee is authorized to establish your account or process your information.