



Formerly SelectAccount®

HEALTH SAVINGS ACCOUNT APPLICATION

- ☐ **Employer offered HSA (program offered through employer)** Employer name: _____
- Upon completion, return application to your employer

Return to the Benefits Coordinator at benefits@team.org

Account Holder's Information	
Last Name: _____ First Name: _____ Middle Initial: _____	
Street Address: _____	
City: _____ State: _____ Zip Code: _____	
Email Address: _____ Primary Phone: _____	
SSN#: _____ Date of Birth: _____	
Health Insurance Plan Information	HSA Plan Type
Type of high deductible health plan coverage: <input type="checkbox"/> Single <input type="checkbox"/> Family Effective Date of Health Insurance Plan _____	If Employer offered HSA: your employer chooses the HSA plan type Employer Default Plan Type: Value HSA (see page 2) You may change your plan type at any time through your Further online user account.
Authorization for Electronic Deposit of Contributions and Withdrawals	
Bank Information (optional - completed to have direct deposit information added for reimbursements requests) <input type="checkbox"/> Checking or <input type="checkbox"/> Savings account Bank Name: _____ Bank Phone Number: _____ Bank ABA Routing Number: _____ Bank Account Number: _____ (The ABA routing number is the nine-digit number located in the bottom left corner of your check)	
NOTE: HSA Reimbursements will be electronically deposited to this bank account when the HSA debit card is not used.	
Signature	
<p>The Account Holder named above is establishing this health savings account (HSA) exclusively for the purpose of paying or reimbursing qualified medical expenses of the account holder, his or her spouse, and dependents. The account holder represents that, unless this account is used solely to make rollover contributions, he or she is eligible to contribute to this HSA; specifically, that he or she: (1) is covered under a high deductible health plan (HDHP); (2) is not also covered by any other health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage); (3) is not entitled to benefits under Medicare (generally, has not reached age 65); and (4) cannot be claimed as a dependent on another person's tax return.</p> <p>The Custodial Agreement for this account will be sent to you under separate cover.</p> <p>_____</p> <p>HSA Account Holder Signature</p> <p>_____</p> <p>Date</p>	

HSA & Investment Account Maintenance Fees

HSA Participant Fee (This fee will be deducted from your HSA Account balance unless it is paid by your employer):

Further Premium HSA - \$4.00 monthly

Further Select HSA - \$3.00 monthly

Further Value HSA - \$1.00 monthly

Investment Accounts are available for Base Balance funds in excess of \$1,000.00. For all basic investment accounts a yearly Investment Account fee of \$18.00 will be deducted from your investment account balance.

Beneficiary Designation

Your spouse will be deemed to be your beneficiary. If you have no spouse, your estate will be deemed your beneficiary. You can change your beneficiary designations at any time by signing into your account at hellofurther.com and completing online. The paper Beneficiary Form can be found at hellofurther.com or by contacting customer service at (800) 859-2144.

Online Member Service Center

Once your HSA is set up, you can register with the Online Member Service Center and manage your HSA online. Here are a few things you can do in the Online Member Service Center:

- Organize and store your receipts in our document storage system for future tax-free reimbursements
- Update your personal profile
- Check your balance and monitor account activity
- View past reimbursements requests
- Create customized statements and reports
- Deposit money into your HSA
- Request a reimbursement (also called submitting a claim)
- Order a Further debit card
- Activate and manage your investment account
- Designate beneficiary(s)
- Authorize release of information

Questions? Call Member Services at 1-800-859-2144.

Visit our website at
hellofurther.com

Mail
P.O. Box 64193
St. Paul, MN 55164-0193

To help the government fight the funding of terrorism and money laundering activities, Further is required to obtain basic identifying information from you and verify that information when you open a new HSA.

This means Further staff will ask you for some basic information such as your name, address, date of birth, and other information designed to help us identify you. Further staff will also ask to see documents identifying you such as a social security card, driver's license, passport, and/or some other government-issued document.

In some cases, identification will be requested for those individuals conducting business with Further prior to the effective date of the member identification requirements. This is because original documentation was not obtained with the opening of the HSA or Further is unable to form a reasonable belief that it knows the true identity of the existing HSA holder.

In all cases, protection of our member's identity and confidentiality is Further's pledge to you. Further appreciates your patience and understanding as we all do our part in complying with the identification procedures required by the federal USA Patriot Act of 2001.