



## HEALTH SAVINGS ACCOUNT (HSA) DEBIT CARD AND DIRECT DEPOSIT ORDER FORM

**A. Employee Information** Please Print Clearly! Instructions on Back

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number (Required): \_\_\_\_\_

Home Address: \_\_\_\_\_  
 Check if New:  \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Day Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**B. HSA(k) Debit Card** The HSA(k) Debit Card is optional. If you and/or your dependents have debit cards, they will automatically be reactivated unless you indicate below that you do not want a card. Otherwise, please indicate your selection below.

<p><i>* If you and/or your dependents have debit cards, they will be <b>automatically</b> reactivated for your renewal. Otherwise, please select from below:</i></p>		NO action required.
<b>Check One:</b>	<input type="checkbox"/> I am a new participant to this plan and would like a NEW debit card.	This is for brand new participants only, if you already have a card, selecting this option will automatically <u>inactivate</u> your existing card.
	<input type="checkbox"/> I have a card that was lost, stolen or damaged and would like a replacement card.	Selecting this option will <u>inactivate</u> your existing card.
	<input type="checkbox"/> I do NOT want a HSA(k) Debit Card	Your default reimbursement method will be check unless the direct deposit information below is completed.

**Additional Card Information:** List your spouse or dependents (over age 18) you would like to order a HSA(k) Debit Card for. This is for your legal dependents only. Domestic/Civil Union Partners are not IRS eligible dependents in most cases. If your dependents already have a card, it will remain active until you indicate to inactivate it below.

Full Name	Social Security Number	Date of Birth	New or Inactivate Card
1.			___New ___Inactivate
2.			___New ___Inactivate

**C. Direct Deposit Authorization** If you would like non-HSA(k) debit card reimbursements to be direct deposited to your bank account (rather than receiving paper checks) fill out the information below and attach a voided check.

Bank Name: (See #1 on sample)	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	<div style="text-align: center; border: 1px solid black; background-color: #e0ffe0; padding: 5px;"> <p><b>SAMPLE</b></p> <p>Account Holder's Name _____ Check Number _____          Address, Etc. _____ Transit Code _____          ex: 23-94/1002</p> <p>BY DEPOSIT TO: _____ \$ _____  <small>COLLECT</small></p> <p><b>1</b> Bank Information          Name of Bank          Address, Phone</p> <p>9 Digit Routing Number <b>2</b> _____ <b>3</b> _____          Checking Account Number</p> </div>										
Routing Number - 9 digits (See #2 on sample): <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											Account Number (See #3 on sample): _____	

**D. Signatures** By signing below, I agree to all of the Terms and Conditions stated on the opposite side of this form.

Employee Signature (required): _____	Date: _____	
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## Form Instructions

<b>Section A</b>	<b>EMPLOYEE INFORMATION</b> - Please print your name and complete address clearly. Your phone number and e-mail address will be used only to communicate with you with regards to this plan. It will not be distributed to any other organization or used for marketing purposes in any way. Statements of your account balance and activity will be sent via e-mail whenever possible. Please understand that this is an employee account and due to federal and state laws we cannot release detailed information to anyone other than the participant, this also includes your spouse and/or dependent(s). Please contact our office for further information.
<b>Section B</b>	<b>HSA(k)© Debit Card</b> - If you and/or your dependents currently have HSA(k)© Debit Cards, they will be automatically reactivated each year unless you indicate to inactivate them. New participants can order cards for themselves as well as their dependents using the debit card section on the front of the form. Cards may also be inactivated using this form if necessary.
<b>Section C</b>	<b>Direct Deposit Authorization</b> - Claims that are faxed, mailed or filed on-line are normally reimbursed by sending you a paper check. If you would like your reimbursements sent directly to your checking or savings account via Direct Deposit, fill out this section and attach a voided check (for checking) or deposit slip (for savings). Confirmations are sent via email and will show current transaction information as well as available funds in the account.
<b>Section D</b>	<b>Signatures</b> - After you have completely filled out this form and carefully read the following Terms and Conditions please sign and date then return to Benefit Strategies. Employers must review the elections and sign that the employee meets the eligibility requirements.

## Plan Terms and Conditions

### I UNDERSTAND THAT:

1. **HSA(k)© Debit Card:** The HSA(k)© Debit Card is to be used only to pay for IRS eligible expenses. It cannot be used to purchase any items or services not specifically approved by IRS guidelines.
2. For expenses paid with the HSA(k)© Card I certify I have not been reimbursed and will not seek reimbursement under any other plan covering health benefits.
3. The IRS requires me to keep documentation of all my expenses the card is used for, and supply them to Benefit Strategies if requested.
4. Misuse of the HSA(k)© Card will result in permanent revocation and repayment of ineligible expenses.