



HSA ELIGIBILITY AND INFORMATION

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|---|--|--|--|--|
| HSA ACCOUNT OWNER'S NAME AND ADDRESS | | | HSA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS | |
| | | | | |

| | | | | |
|-------------------------------|----------------------|-------------------|-----------------------------------|--|
| Social Security Number | Date of Birth | Home Phone | HSA Account Identification | Trustee's or Custodian's Phone Number |
| | | | | |

| | | |
|---|---------------------------------------|---------------------------------------|
| TYPE OF HSA CONTRIBUTION <i>Please refer to the sections below for the eligibility requirements related to the type of HSA contribution you select.</i> | | |
| <input type="checkbox"/> Regular HSA | <input type="checkbox"/> Transfer HSA | <input type="checkbox"/> Rollover HSA |

ELIGIBILITY REQUIREMENTS

REGULAR HSA

| | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you covered by a High Deductible Health Plan (HDHP)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you also covered by any other health plan that is not an HDHP and that provides coverage for any benefit which is covered under the HDHP (with limited exceptions)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you enrolled in Medicare? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you eligible to be claimed as a dependent on another person's tax return? |

If you answered YES to question 1 and NO to questions 2 through 4, you are eligible to establish an HSA.

If this contribution is a qualified HSA funding distribution from your IRA, please answer the following eligibility question.

| | | |
|--------------------------|--------------------------|---|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you certify that you satisfy the requirements for depositing a qualified HSA funding distribution from your IRA? |

NOTE: *If you are age 55 or older by the end of the year you may be eligible to make additional catch-up contributions to your HSA.*

ROLLOVER HSA

| | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you certify that you satisfy the requirements for making a rollover into an HSA? <i>Please refer to Ascensus' HSA Rollover Certification (Form #3103) for further information.</i> <i>If you plan to make regular HSA contributions, please refer to the appropriate section above.</i> |

TRANSFER HSA

| | | |
|--------------------------|--------------------------|---|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you certify that you have requested HSA funds or assets to be directly transferred from your HSA? <i>Please refer to Ascensus' HSA Transfer Request (Form #3302) for further information.</i> <i>If you plan to make regular HSA contributions, please refer to the appropriate section above.</i> |

SIGNATURES

I certify that all of the information provided by me is true and accurate and may be relied on by the Trustee or Custodian. I certify that I am eligible for the type of HSA deposit being made. I assume complete responsibility for ensuring that all HSA contributions I make are within the limits set by the tax laws, and related regulations and plan agreement and for the tax consequences of any contributions (including any rollover contributions) and distributions. I understand that the terms and conditions which apply to my HSA are contained in my HSA plan agreement and I agree to be bound by those terms and conditions.

| | |
|---------------------|--------|
| _____ | _____ |
| (HSA Account Owner) | (Date) |
| _____ | _____ |
| (Witness) | (Date) |

Rules And Conditions Applicable to HSA

GENERAL INFORMATION

An HSA is a trust or custodial account which is created exclusively for the benefit of the HSA Account Owner and which is generally used to pay qualified medical expenses. If you are eligible, contributions can be made to your HSA by either you and/or your employer. Qualified distributions from HSAs are tax-free.

DEFINITIONS

In general, a High Deductible Health Plan (HDHP) means, as defined in IRC Section 223(c)(2), a health plan which satisfies each of the following requirements regarding deductibles and expenses:

- The deductible is not less than \$1,000 for single coverage and not less than \$2,000 for family coverage (as adjusted for cost-of-living).
- The sum of the annual deductible and the other annual out-of-pocket expenses required to be paid under the plan (other than for premiums) for covered benefits does not exceed \$5,000 for single coverage and \$10,000 for family coverage (as adjusted for cost-of-living).

REQUIREMENTS

Certain Coverage Disregarded – Generally, you are ineligible for an HSA if you, while covered under an HDHP, are also covered under a health plan that is not an HDHP. However, you do not fail to be eligible for an HSA merely because, in addition to an HDHP, you have:

- (1) coverage for any benefit provided by permitted insurance (as defined in IRC Sec. 223(c)(3)), and
- (2) coverage (whether through insurance or otherwise) for accidents, disability, dental care, vision care, or long-term care.

Age 55 Catch-up Contributions – If you have attained age 55 before the close of the taxable year, you may be eligible to contribute an additional amount to your HSA. The additional contribution is determined as follows: \$700 for 2006, \$800 for 2007, \$900 for 2008, \$1,000 for 2009 and thereafter.