



Important Information on Patriot Act Requirements

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Your identity may be verified through the use of a database maintained by a third party. If your identity cannot be verified, you understand that you may be required to provide additional information, and that your HSA may be closed if additional verification is not possible. Upon such closure, funds deposited in your HSA will be returned to you, or your employer, less any fees, expenses or taxes chargeable against your HSA, or penalties or surrender charges associated with the early withdrawal of any savings instrument or other investment in your HSA. We shall not be liable for any tax consequences you may incur that result from the transfer of distribution of your assets as a result of this distribution.

Electronic Disclosure

In order to apply for an HSA, you must consent to receipt of documents in electronic form, including your enrollment form, Custodial Agreement and Disclosure Statement, HealthcareBank Interest Rate Disclosure, HealthcareBank Privacy Policy, 1099-SA and 5498-SA tax forms, documents issued by mutual fund companies, including prospectuses, trade confirmations, changes in investment options and other investment fund information, your HSA summary and any confirmation of your online instructions or elections. Your consent will apply to all future applicable notices relating to your Health Savings Account (HSA) until you are no longer an accountholder or until you withdraw consent as provided below.

All communications will be provided electronically. If you wish to receive your HSA summary and tax forms in paper form, you may select that option by changing your election under Message Center/Update Notification Preferences or by calling your HSA Administrator. Additional fees may apply for paper copies. Consult your HSA Administrator for any applicable fees. Investment options may not be available if you do not consent to receive prospectuses, trade confirmations and related documents in electronic form.

Security, Hardware and Software Information

In order to receive information and disclosures in electronic format, you must have access to a computer with the following browser software or equivalent software and communications access to the Internet:

Browser Software	Minimum Version Required
Microsoft Internet Explorer (IE)	IE11 and greater
Mozilla FireFox	Most current and prior 2 versions
Apple Safari	Most current and prior 2 versions
Google Chrome	Most current and prior 2 versions
Microsoft Edge (Windows 10)	Most current and prior 2 versions
Chromium-Based Edge	Most current and prior 2 versions

You will also need Adobe Acrobat Reader to view and download the agreements, disclosures, HSA summaries, tax forms, investment fund information or any other applicable forms.

For Your Records

In order to keep agreements and summaries for your records, you will need access to a printer or the ability to download and save information.



Withdrawing Your Consent

You may withdraw your consent to receive the initial account opening disclosures by exiting this online session any time prior to submitting your application for processing. Your consent is not stored unless you complete this online session. If you wish to withdraw your consent to electronic delivery of notices on a future date, please contact your HSA Administrator at the contact information listed on this website. We reserve the right to not open an account or to close your account if you withdraw your consent to electronic delivery of notices.

By checking the "I have read and agree to the Electronic Disclosure Agreement" box below, you indicated your consent to receive the disclosures listed above electronically. You also confirm that you have the effective ability to access the agreements, disclosures, summary, tax forms, investment information, and confirmations in electronic form.

HSA Account Creation Authorizations

By submitting the enrollment, you are requesting that a Health Savings Account (HSA) be opened in your name and that this request represents your legally binding signature.

I affirm that all information I have provided is true and correct and may be relied upon by the HSA Administrator and the HSA Custodian.

I understand the eligibility requirements for this HSA and I state that I am responsible for determine whether I qualify to make deposits to this HSA. I am responsible for:

1. Determining that I am eligible to make contributions to an HSA for each year I make contributions.
2. Ensuring that all contributions are within the maximum limitation set forth by the tax laws, taking into account my coverage and the applicable deductible under a high deductible health plan.
3. The tax consequences of any contributions (including rollover contributions) or distributions.
4. Seeking the assistance of a qualified tax or legal professional to address any questions or concerns I may have about eligibility, contribution limitation, or the taxation of contributions or distributions from my HSA.

I certify that I have received and reviewed copy of the, Custodial Agreement and Disclosure Statement, HealthcareBank Interest Rate Disclosure and HealthcareBank Privacy Policy. I understand that I may revoke the HSA on or before seven (7) days after the date of establishment. I have not received any tax or legal advice from the HSA Administrator or the HSA Custodian and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the HSA Administrator and HSA Custodian harmless against any and all claims or losses arising from my actions.