

Appointment of Employer as Authorized Agent to Open an HSA

Employee Information

_____	_____	_____	
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	
_____	_____	_____	_____
<i>Residential Street Address (Not P.O. Box)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	
<i>Home Phone Number</i>	<i>Date of Birth (mm/dd/yyyy)</i>	<i>Social Security Number</i>	
_____	_____		
<i>Country of Citizenship</i>	<i>Residency Status</i> <i>(US Citizen or Permanent /Resident Alien or Non-Permanent/Non-Resident Alien)</i>		

Appointment and Certification

By signing below, I appoint _____ (“Employer”) as my agent for the purpose of opening and administering/maintaining an Optum Bank, Inc. (“Bank”) Health Savings Account (“HSA”) on my behalf and authorize Employer to send and receive information to and from the Bank on my behalf (including account number) in order to accomplish this purpose. I authorize the Bank to make any inquiries that it considers appropriate to determine if it should open and maintain my HSA, and I acknowledge that I have received the Bank’s USA PATRIOT Act Notice provided below:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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.

I certify that I am eligible to contribute to an HSA under Internal Revenue Code Section 223. I authorize and direct the Bank to issue a Debit MasterCard® to me. I certify that I have received or viewed the Bank’s statement of the hardware and software requirements for access to and retention of electronic records and that I have the ability to access the Bank’s website where electronic statements and other documentation are stored. I instruct the Bank, unless otherwise notified and instructed by me, to provide the Custodial and Deposit Agreement and all other HSA notices, disclosures and information related to and governing my HSA to me online at www.optumbank.com. I understand that monthly account statements and other documentation and notices will be delivered or made available electronically. If I want HSA statements mailed to my home, I must notify the Bank directly.

I agree that Employer will remain my agent unless and until Employer and the Bank receive notice that the appointment of Employer as my agent has been terminated, that I am no longer employed by Employer, or that I am no longer an HSA eligible individual; or I receive a notice from the Bank that my application for an HSA has been declined.

Employee Signature

Date

*** Return this completed and signed form to your Employer *
Do not send to Optum Bank**



Payroll Deduction Authorization Form for Health Savings Account (HSA) Deposits

Use this form to authorize Employer Services Corporation to payroll deduct pre-tax contributions for deposit into your Health Savings Account, or to change or cancel your payroll deduction arrangement.

Fax to (716) 250-6626 or mail to:

Employer Services Corporation, 20 Pineview Drive, Amherst, NY 14228; Attn: Benefits Department

Contact Information				
Name of Employer				Social Security #
Employee Last Name	First Name	M.I.	Home Phone	Work Phone
<p>As a Health Savings Account (HSA) participant, you may choose to make deposits into your HSA through pre-tax payroll deductions by Employer Services Corporation. You may also make deposits directly into your HSA. For assistance with contributing directly to your HSA, please contact Wells Fargo Health Benefit Services at (866) 890-8317.</p> <p>Note: Please allow 14 business days for your payroll deductions to be set-up for your account. Once payroll deductions are set-up you must complete the <i>Cancellation Request</i> section below to cancel payroll deductions.</p>				
Payroll Deduction Set-up / Change Request				
<input type="checkbox"/> Set-up Payroll Deductions	Deduction Amount per Pay Period		Request Date	
	\$			
<p>Note: 2007 Tax Year Maximum HSA Contribution Amounts \$2,850 for Single Coverage; \$5,650 for Family Coverage</p>				
<input type="checkbox"/> Change Payroll Deduction Amount	Deduction Amount per Pay Period		Request Date	
	\$			
<p>Note: 2007 Tax Year Maximum HSA Contribution Amounts \$2,850 for Single Coverage; \$5,650 for Family Coverage</p>				
<p>I hereby authorize Employer Services Corporation to make pre-tax payroll deductions on my behalf as stated above. I understand that I must complete the Payroll Deduction Cancellation Request section below to cancel these deductions.</p>				
Signature of Employee				Date
Payroll Deduction Cancellation Request				
<input type="checkbox"/> Cancel Payroll Deductions			Effective Date of Request	
<p>I elect to cancel my payroll deductions through Employer Services Corporation on the Effective Date listed above. I understand that to reinstate payroll deductions I must complete the Payroll Deduction Set-up section above and submit it to Employer Services Corporation.</p>				
Signature of Employee				Date

ESC USE ONLY	Date Received:	Date Processed:	Initials:
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Health Savings Account Account Authorization Form

Enrollment Election

I certify that I am eligible to contribute to a HSA under Internal Revenue Code Section 223.

Appointment of Employer as Special Agent for Account Opening Purposes

Be signing below, I appoint Employer Services Corporation ("Employer") as my special agent for purpose of opening and administering payroll deductions and deposits into my Health Savings Account.

As my special agent, Employer will verify and record information to identify each individual who opens a Health Savings Account for purposes of helping the government of the United States fight money laundering activities and terrorism funding. I hereby provide the Identifying Information listed below to Employer and authorize Employer to forward this information to _____ on my behalf in furtherance of establishing a Health Savings Account. Financial Institution

I agree that Employer will be my special agent unless and until the earlier of the following three events occurs: (i) I submit written notice to Employer that I intend to terminate this appointment, and Employer has a reasonable period of time to act on such notice, (ii) I receive confirmation from my financial institution that my account has been established; or (iii) I receive a notice from my financial institution that my application for an HSA has been declined.

Identifying Information: Employee Name, Address, Date of Birth, Social Security Number, Phone Number, Country of Citizenship

Print: _____
First Name Middle Initial Last Name

Print: _____
Residential Street Address (No P.O. Box) City State Zip Code

_____/_____/_____
Date of Birth (mm/dd/yyyy) Social Security Number Home/Cell Phone Number

Country of Citizenship Residency Status
(U.S. Citizen or Permanent/Resident Alien or Non-Permanent/Non-Resident Alien)

Signature of Employee

By signing below, I agree to the above. I also authorize Employer to make any inquiries that it considers appropriate to determine if it should open and maintain my HSA.

Employee Signature Date

Designation of Beneficiary

Use this form to designate a beneficiary for your HSA. Customer service professionals can be reached by calling the number on the back of your debit card (Monday - Friday from 8 a.m. to 8 p.m. Eastern time) if you have any questions while completing this form.

057 CO HSA

1 Your HSA with Optum Bank

Account Holder Name:		Date of Birth:
Last 4 of SSN:	Daytime Phone #:	
Address:		
City, State ZIP:		

Account Holder Name:	
Relationship:	Social Security #:
Mailing Address:	
City, State ZIP:	
Share (Percent of Holding):	Telephone #:

2 Designation of Beneficiary(ies)

Please list your primary and/or secondary beneficiary(ies), and the percentage of your account that you would like each beneficiary to receive.

If more than one beneficiary of a class is designated and no distribution percentages are identified, the beneficiaries will be deemed to own equal shares in the account. If any primary or secondary beneficiary dies before you do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiaries shall be increased on a pro rata basis. If no primary beneficiary survives you, the secondary beneficiary(ies) shall acquire the designated share of your account. Completion of this form will supersede all prior designations. You can change or add beneficiaries at any time by completing and delivering the proper form to Optum Bank. **In the event of my death, I name as:**

PRIMARY BENEFICIARY(IES) – Shares must equal 100%

If you wish to name more than 2 primary beneficiaries, please attach additional sheet with required information.

Account Holder Name:	
Relationship:	Social Security #:
Mailing Address:	
City, State ZIP:	
Share (Percent of Holding):	Telephone #:
Account Holder Name:	
Relationship:	Social Security #:
Mailing Address:	
City, State ZIP:	
Share (Percent of Holding):	Telephone #:

SECONDARY BENEFICIARY(IES) – Shares must equal 100%

If you wish to name more than 2 secondary beneficiaries, please attach additional sheet with required information.

Account Holder Name:	
Relationship:	Social Security #:
Mailing Address:	
City, State ZIP:	
Share (Percent of Holding):	Telephone #:

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3 Spousal Consent: For Community/Marital Property States

This section should be reviewed if the residence of the account holder is located in a community or marital property state and the account holder is married. Due to important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent legal or tax advisor.

CURRENT MARITAL STATUS:

- I am not married – I understand that if I become married in the future, I must complete a new Designation of Beneficiary form.
- I am married – I understand that if I chose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax or legal professional. I hereby give the account holder any interest I have in the funds or property deposited in this account and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

✕ _____ Date _____
 Signature of Spouse

✕ _____ Date _____
 Signature of Witness

4 Account Holder Authorization

The above designations are subject to the Conditions of Beneficiary Designation listed below:

1. This designation is subject to all the terms and provisions listed above, and shall be effective only if received by the Custodian prior to the death of the person executing it.
2. This designation applies to the account holder's entire interest, in the account at the account holder's death.
3. I agree that the above information correctly reflects my desire to add or change death beneficiaries on my Optum Bank account.

✕ _____ Date _____
 Account Holder Signature

Where to return your form?
 By Mail: Optum Bank, P.O. Box 30777, Salt Lake City, UT 84130
 By Fax: 1-800-765-6766

Thank you for allowing us to serve you.