

Instructions

1. Complete this form in order to open an HSA. (* = Required Fields)
2. Mail completed form to: **MEDSURETY LLC 4350 Baker Rd Suite 350, Minnetonka, MN 55343 or Fax 952-856-2656.**
3. If you have any questions regarding this form, please call **952-303-5700 or 888-816-4234.**

Accountholder Profile Information

*Name (Last, First, MI)

- -
*Social Security Number

*Employee ID

*E-mail Address

*Address Line 1 (cannot be PO Box)

*Address Line 2 (cannot be PO Box)

*City *State *Zip

- -
*Home Phone

- -
*Daytime Phone Number

*Date of Birth

Male Female
*Gender

Married Single
*Marital Status

*Mother's Maiden Name

*Hire Date

*Hours Worked Per Week

*Payroll Frequency

Election Acknowledgement

I am enrolling in an individual HSA. I am covered under a qualifying HDHP medical plan that is NOT sponsored by an employer.

*Indicate HDHP Coverage Level: Self-only or Family/Other

- **Note:** In the event there is a problem with validating your HSA account, you may be asked to provide further documentation to validate your identity. You will receive notice via email.

Debit Card

Would you like to access your HSA funds using a debit card? Yes No

Note: To issue separate debit cards to any dependents 18 years of age or older, please complete and submit the Additional Debit Card Request Form.

- If there are any issues with the setup of your account and validation of your identity, you will be contacted and may need to supply further ID or documentation.

Reimbursement Method

Please select your primary method of reimbursement from your HSA.

Direct Deposit – You will need to provide your bank account information in the Direct Deposit Setup Section.

or

Check – All reimbursements paid by sending you check. Note that a fee of **\$2.00** will apply for each check reimbursement. If choosing this option, skip the Direct Deposit Setup Section.

Beneficiary Designation and Information

I designate the following individual(s) or entity as my primary or contingent death beneficiary(ies) of this HSA. If I am married in common law or in a community or marital property state, I must designate my spouse as my Primary Beneficiary unless spouse's signature is obtained and notarized below. Share percentages must equal 100% for primary and 100% for contingent.

No.	Name and Address	Date of Birth	Social Security Number	Primary or Contingent	Relationship	Share %
1.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
2.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
3.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	

Please check one of the following:

- I am not married. If I become married at a future date, I must complete a new Beneficiary Designation form.
- I am married. I understand that if I choose to designate a primary death beneficiary other than my spouse, he or she must agree to the designation by signing below. My spouse's signature must be notarized.

Signature of Spouse

Subscribed and sworn to before me this

_____ day of _____, 20____

Date
