

If you have any questions about HSAs or completing this form, please contact **Compensation Consultants Ltd** at (800) 447-1690

<b>Part I - Accountholder Profile Information</b>			
*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Home Phone	*Mobile Phone
*Physical Street Address (U.S. address required to open an HSA)			
*City		*State	*Zip
Alternate Mailing Street Address or PO Box			
City		State	Zip
*Email Address		*Health Plan Status      Family      Single	
*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		*Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
*Mother's Maiden Name			
*Hire Date	*Hours Worked per Week	*Payroll Frequency	

<b>Part II - Authorization and Eligibility Certification</b>		
<p>When opening an HSA with Compensation Consultants Ltd, I understand and agree to the following:</p> <ul style="list-style-type: none"> <li>• I am at least 18 years old and cannot be claimed as a dependent on someone else's tax return.</li> <li>• I am covered under a high deductible health plan (HDHP).</li> <li>• I am not enrolled in Medicare.</li> <li>• I do not have any other non-qualified health coverage.</li> <li>• I do not have a flexible spending account (FSA) to pay for medical expenses incurred before my medical plan deductible is met, unless it is limited to pay for dental and vision expenses only.</li> <li>• My spouse, if applicable, does not have a flexible spending account (FSA) to pay for medical expenses before their medical plan deductible is met, unless it is limited to pay for dental and vision expenses only.</li> </ul> <p>As a follow-up to this application, you will need to login to the HSA website to accept your terms and conditions.</p>		
*Signature	*Print Name	*Date