



HSA Customer Verification

Eligibility Certification:

True  False I am covered under a qualifying High Deductible Health Plan (HDHP).

True  False I am not covered under any other insurance plans that are not HDHP.

True  False I am not enrolled in Medicare.

True  False I am not able to be claimed as a dependent on anyone's income tax returns.

If you answer false to any of these statements you will not be eligible to open a Health Savings Account.

Name:

Address (Physical address no PO Box):

Email Address (required):

Date of Birth:

Social Security Number:

Driver's License #:

State of Issuance:

Issue Date:

Expiration Date:

Copy of **Driver's License** needs to be UPLOADED to the SECURE PORTAL on Employee Engagement's

Benefit Website:

Primary Phone Number:

Marital Status:  Married  Single

Occupation:

Insurance Plan Type:  Individual  Family

Are you transferring your current HAS Plan to Lake Shore Savings?  Yes  No

If yes, from where: Account Number:

Address:



Yes, I would like a HSA Debit Card issued to me  No, I do not want a HSA Debit Card

Yes, I would like HSA Checks  No, I do not want Checks

Yes, I want a Beneficiary  No, I do not want a Beneficiary

If yes, Beneficiary Info:

Name:

Address:

Email Address (Required):

Social Security Number:

Date of Birth:

Phone Number:

Occupation:

Relationship to HSA owner:

(If more than one Beneficiary is designated, please write additional Beneficiaries information on the back of this form)

Yes, I would like a Spousal Authorized Signer  No, I do not want an Authorized Signer

If yes, **UPLOAD copy of Driver's License to SECURE PORTAL on EE Website.**

Spousal Authorized Signer Name:

Address:

Email Address (Required):

Social Security Number:

Date of Birth:

Phone Number:

Occupation:

Yes, I want a HSA Debit Card issued to my authorized signer.

No, I do not want a HSA Debit Card issued to my authorized signer.

All signature cards and required documents will be sent out through DocuSign in order for account to be opened. Name: \_\_\_\_\_ Signature: \_\_\_\_\_