



HSA Customer Verification

Eligibility Certification :

- True False I am covered under a qualifying High Deductible Health Pan (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)

Date of Birth:

Social Security Number:

Driver's License #:

State of Issuance:

Issue Date:

Expiration Date:

Copy of Driver's License needs to be emailed to

Primary Phone Number:

Marital Status: Married Single

Occupation:

Insurance Plan Type: Individual Family

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

If yes from where:

Address:

Account Number:



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

Beneficiary Info:

Name:

Address:

Social Security Number:

Date of Birth:

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, email copy of Driver's License to

Spousal Authorized Signer Name:

Address:

Social Security #:

Date of Birth:

Phone Number:

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

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

Signature of HSA Owner