



HSA ENROLLMENT FORM

Instructions

1. Complete this form in order to open a Fifth Third Bank Health Savings Account. (* = Required Fields)
2. Fax completed form to: Fifth Third Bank HSA Support Center at 812-647-9788 or mail form to Fifth Third Bank HSA Support Center, Attn Data Entry, One Riverfront Place, 20 NW First Street, Evansville, IN 47708
3. If you have any questions regarding this form, please contact the Fifth Third Bank HSA Support Center at 1-888-350-5353.

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

Please Enter the Name of Your Employer (required)

*Employer Name

Election

Please choose one of the following enrollment options.

I am enrolling in an HSA through my employer. I authorize my employer to deduct my HSA contributions from my pay and forward them to my HSA. (Please complete the section immediately below)

Note: Your employer may also make a contribution to your HSA that will apply to your maximum contribution allowed. You are solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. You are also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution.

*Indicate an annual employee election or a pay period election:

 \$

Employee Annual Contribution

or

 \$

Per Pay Period Contribution

*Indicate HDHP Coverage Level:

Self-only

Family/Other

*Indicate if you are enrolled in an HDHP through your employer:

Yes

No

Your contributions will be withdrawn from your pay in each pay period. If your employer maintains a cafeteria plan that permits HSA contributions, your contributions will be made with pre-tax dollars. You may also make contributions outside of your employment. If you would like to make a contribution immediately, please complete an HSA Contribution Form and submit that form with your payment.

Debit Card

Would you like to access your HSA funds using a debit card? Yes

No

Would you like to receive one free debit card for your Fifth Third HSA? Yes

No

*Name of the Primary Cardholder

Note: You may request a debit card for your dependent(s). A total of two debit cards are available at no charge for each HSA. There is a charge of \$10.00 for each additional card after the first two.

Regulations require that only one individual can own an HSA account. The Accountholder may want his/her spouse or a third party through an Authorized User to use a debit card and/or write checks. Please complete the section below if you wish to grant Authorized User this authority.

I understand that I assume sole responsibility for how this individual ("Authorized User") utilizes my HSA Account. By signing below the Authorized User acknowledges and agrees that they are able to act on behalf of the HSA Account Owner only. Access to other accounts of the HSA Account Owner will not be granted. Signature of Authorized User is required on the last page of this application.

Would you like to receive one free Debit MasterCard for the Authorized User? Yes No

Is the Authorized User a Dependent? Yes No

*Name of Authorized User

 - -

*Social Security Number

*E-Mail Address

*Date of Birth

*Mother's Maiden Name

 - -

*Daytime Phone Number

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. If choosing this option, skip the Direct Deposit Setup Section.

Direct Deposit Setup

This section is required if you have chosen Direct Deposit as your HSA Reimbursement Method above.

*Bank Name

*Address

*City

*State

*Zip

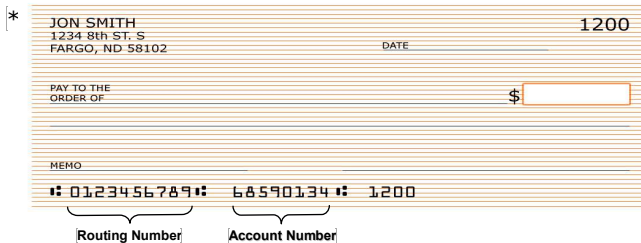
Checking

Savings

*Account Type

*Routing Number

*Account Number



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="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	<input type="text"/>

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

 Date

Subscribed and sworn to before me this
 _____ day of _____, 20____

 Signature of Witness

 Signature of HSA Accountholder

 Date

 Signature of Authorized User

 Date

