



OPTUM BANK HSA ACCOUNT CREATION

INSTRUCTIONS: PLEASE COMPLETE THIS FORM AND SUBMIT TO:
BAC – ATTN: ADMINISTRATION DEPT., PO BOX 107, REYNOLDSBURG, OH 43068-0107,
OR FAX TO 614.863.9137, OR EMAIL TO BACADMIN@BACTPA.COM

A. PARTICIPANT PROFILE INFORMATION: PLEASE ANSWER ALL QUESTIONS FULLY

PARTICIPANT (LAST, FIRST, M.):		SOCIAL SECURITY NUMBER:	PLAN I.D.
HOME ADDRESS (CANNOT BE P.O. BOX):		CITY:	STATE: ZIP CODE:
EMAIL ADDRESS:		DATE OF BIRTH (MM/DD/YYYY):	DAYTIME PHONE NUMBER:
IS THIS A NEW ADDRESS?: <input type="radio"/> NO <input type="radio"/> YES	HIRE DATE:	HOURS WORKED PER WEEK:	PAYROLL FREQUENCY:

B. HSA TRANSFER:

TYPE OF TRANSFER:

Yes, open my new HSA with Optum Bank and transfer my existing BAC HSA funds to Optum Bank

No, Close my BAC HSA and mail me a check... tax implications may apply!

C. PAYMENT CARD AND BENEFICIARIES:

PAYMENT CARD:

- You will receive 2 payment cards upon enrollment.
- You can request additional cards for your dependents 18 years of age or older by logging in at optumhealthfinancial.com.

BENEFICIARY DESIGNATION AND INFORMATION:

- If you don't designate a beneficiary, the funds will go to your legal spouse if you have one. If you are not married at the time of your death, the funds will go to your estate. You can update this information once your account is opened by logging in to your account at optumhealthfinancial.com.

D. AUTHORIZATION:

PER THE USA PATRIOT ACT: TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHEN YOU OPEN THE ACCOUNT, WE WILL ASK FOR YOUR NAME, STREET ADDRESS, DATE OF BIRTH AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ALSO ASK TO SEE YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT:

- I wish to establish a health savings account ("HSA") with Optum Bank as custodian.
- I understand the eligibility requirements for deposits made to my HSA and state that I qualify to make deposits to this account. I have reviewed this enrollment form and understand and agree that my HSA will be opened under and governed by Optum Bank's Custodial and Deposit Agreement and that the terms and conditions therein will be binding on me. This document will be sent to me when my account is opened, along with Optum Bank's Privacy Notice and Schedule of Fees.
- I authorize Optum Bank to provide information about my HSA, including my social security number, to my employer (if applicable) and those acting on behalf of my employer or Optum Bank (if applicable), in connection with the establishment and maintenance of my HSA.
- I acknowledge that my employer and all others acting on behalf of my employer (if applicable), may provide information on my behalf to establish and maintain my HSA and authorize my employer and its designee to take such action deemed necessary and appropriate by my employer to administer my HSA, including but not limited to, effectuating deposits and correcting errors where necessary.
- I have requested an Optum Payment Card® and if I have filled out the information to request an additional payment card, I hereby request Optum Bank to issue an additional payment card on my account and I acknowledge I will be liable for the use of the payment card by the Authorized User.
- I understand my monthly HSA Account Summary will be made available to me electronically. I agree to go online and change my notification preference if I wish to have it mailed to me.
- I certify that the information provided in this enrollment form is true and complete.

X _____
HSA OWNER'S SIGNATURE (NOT VALID UNLESS SIGNED IN INK):

_____ DATE SIGNED (MM/DD/YYYY):

MAIL COMPLETED FORM TO BAC: ATTN: ADMINISTRATION DEPT. PO BOX 107 REYNOLDSBURG, OH 43068	OR FAX COMPLETED FORM TO BAC AT: (614) 863-9137	OR EMAIL COMPLETED FORM TO BAC AT: BACADMIN@BACTPA.COM
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