



Formerly SelectAccount®

## HEALTH SAVINGS ACCOUNT APPLICATION

- Employer offered HSA (program offered through employer)** Employer name: \_\_\_\_\_  
 - Upon completion, return application to your employer
- Individual HSA (not offered through employer plan)**  
 - Upon completion, fax application to 866-231-0214 OR fill out your application online at [hellofurther.com](http://hellofurther.com)

Account Holder's Information	
Last Name: _____ First Name: _____ Middle Initial: _____	
Street Address: _____	
City: _____ State: _____ Zip Code: _____	
Email Address: _____ Primary Phone: _____	
SSN#: _____ Date of Birth: _____	
Health Insurance Plan Information	HSA Plan Type
Type of high deductible health plan coverage: <input type="checkbox"/> Single <input type="checkbox"/> Family  Effective Date of Health Insurance Plan _____	<b>If Employer offered HSA:</b> your employer chooses the HSA plan type, do not complete this section.  <b>Individual HSA:</b> Elect one of the following options or your HSA will default to Basic: <input type="checkbox"/> Premium <input type="checkbox"/> Select <input type="checkbox"/> Basic <input type="checkbox"/> Thrift <input type="checkbox"/> Free
Authorization for Electronic Deposit of Contributions and Withdrawals	
<b>Bank Information:</b> <input type="checkbox"/> Checking or <input type="checkbox"/> Savings account  Bank Name: _____ Bank Phone Number: _____ Bank ABA Routing Number: _____ Bank Account Number: _____ (The ABA routing number is the nine-digit number located in the bottom left corner of your check)	
<input type="checkbox"/> <b>I want Further to pull \$ _____</b> from the bank account above  <b>Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> One time only	
<b>NOTE:</b> HSA Reimbursements will be electronically deposited to this bank account when the HSA debit card is not used.	
Signature	
The Account Holder named above is establishing this health savings account (HSA) exclusively for the purpose of paying or reimbursing qualified medical expenses of the account holder, his or her spouse, and dependents. The account holder represents that, unless this account is used solely to make rollover contributions, he or she is eligible to contribute to this HSA; specifically, that he or she: (1) is covered under a high deductible health plan (HDHP); (2) is not also covered by any other health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage); (3) is not entitled to benefits under Medicare (generally, has not reached age 65); and (4) cannot be claimed as a dependent on another person's tax return.	
The Custodial Agreement for this account will be sent to you under separate cover.	
_____	_____
HSA Account Holder Signature	Date

### HSA & Investment Account Maintenance Fees

**HSA Participant Fee** (This fee will be deducted from your HSA Account balance unless it is paid by your employer):

- Free\* - \$0.00 monthly
- Thrift - \$1.00 monthly
- Basic - \$2.50 monthly
- Select - \$3.00 monthly
- Premium\*\* - \$4.00 monthly

\*FreeSaver is an online only account that does not offer investment options or interest on account balances.

**Investment Accounts** are available for Base Balance funds in excess of \$1,000.00. For all basic investment accounts a yearly Investment Account fee of \$18.00 will be deducted from your investment account balance.

### Beneficiary Designation

**Your spouse will be deemed to be your beneficiary. If you have no spouse, your estate will be deemed your beneficiary. You can change your beneficiary designations at any time by signing into your account at [hellofurther.com](http://hellofurther.com) and completing online. The paper Beneficiary Form can be found at [hellofurther.com](http://hellofurther.com) or by contacting customer service at (800) 859-2144.**

### Online Member Service Center

Once your HSA is set up, you can register with the Online Member Service Center and manage your HSA online. Here are a few things you can do in the Online Member Service Center:

- Organize and store your receipts in our document storage system for future tax-free reimbursements
- Update your personal profile
- Check your balance and monitor account activity
- View past reimbursements requests
- Create customized statements and reports
- Deposit money into your HSA
- Request a reimbursement (also called submitting a claim)
- Order a Further debit card
- Activate and manage your investment account
- Designate beneficiary(s)
- Authorize release of information

**Save time: complete this application online.** Questions? Call Member Services at 1-800-859-2144.

**Apply online:**

Visit our website at  
[hellofurther.com](http://hellofurther.com)

**Send via secured email only:**

[further.documents@hellofurther.com](mailto:further.documents@hellofurther.com)

**Fax to:**

866-231-0214

**Mail to:**

P.O. Box 64193  
St. Paul, MN 55164-0193