



FOWLER STATE BANK HealthCare Savings Account (HSA) Application

I wish to establish a Healthcare Savings Account (HSA) with **Fowler State Bank** as the custodian and me or my agent, as Plan Service Provider and direct my contributions be deposited into a **Fowler State Bank HSA**. I have established, or I am in the process of establishing, a Qualified High Deductible Health Insurance Policy as required for the HSA.

Name _____ Date of Birth _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Occupation _____ Email Address _____

Mother's Maiden Name _____ Citizen of USA _____ Yes _____ No

Eligibility

I am eligible for an HSA as an Employee of an Employer who is offering them:

Name of Employer _____ Contact Name _____

Address, City, State, Zip _____

Phone _____

Other (self-employed, employed but responsible for health insurance coverage, etc.)

Existing Health Policy

If you do have existing medical coverage, please enter:

Name of your current Insurance Company _____

If known Effective Dates of Coverage-- _____

Please return this application along with

- 1. current, readable driver's license copy or other photo identification; and**
- 2. copy of your social security card.**

Mail to: Fowler State Bank
 Attn: H.S.A. Department
 PO Box 511
 Fowler IN 47944-0511

This application does not guarantee that Fowler State Bank will open your H.S.A. However, should Fowler State Bank choose to open the H.S.A. on your behalf you will receive by mail the H.S.A. Adoption Agreement, Custodial Agreement, Beneficiary Designation, Signature Card, Debit Card Application, EZAccess (Online banking) Application and all applicable disclosures within five (5) days of receipt of the application.

Should you have any questions please feel free to contact the H.S.A. Department at 800/439-3951.

Signature _____ Date _____

No one other than a Fowler State Bank employee is authorized to establish your account or process your information.