



***H S A NEW ACCOUNT INFORMATION SHEET***

**Must provide a clear COLOR copy of Driver's License for all account owners and authorized signers or stop by one of our offices to have it scanned. Can provide copies by photographing driver's licenses and emailing to [tjones@minsterbank.com](mailto:tjones@minsterbank.com)**

**TROY CITY SCHOOL EMPLOYEE:**

Name:		Date of Birth:	/ /
Social Security Number:		Marital Status:	S M W
Driver's License Number		State of Issue:	
Exp Date:	/	Issue Date:	/
Tax Year of Contribution		Amount of Deposit	
Employer:		Occupation:	
Home Phone:	( )	Business Phone:	( )
Cell Phone:	( )	E-mail:	

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**All Health Savings Accounts will receive a Visa Debit Card for the account owner and authorized signer, online banking and e-statements &/or notices.**

Date qualifying for HDHP - **PLAN TYPE** (Choose one):  SELF  FAMILY

**Authorized Signer:**

Name:		Driver's License #:	State of Issue:
Social Security Number:	Date of Birth:	Issue Date: Exp. Date:	Relationship to Account owner:

**\* If you would like to add Beneficiaries, please add information to backside of this form.**

## **Primary Beneficiaries**

\*Beneficiary percentages must total 100%

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to HSA Owner: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to HSA Owner: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to HSA Owner: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to HSA Owner: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## **Contingent Beneficiaries**

\*Beneficiary percentages must total 100%

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to HSA Owner: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to HSA Owner: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to HSA Owner: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to HSA Owner: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

