



# Health Savings Accounts

*Save Today for a Healthy Future™*

Powered by:

**HSA**Today®

Tax-Free Savings

Tax-Free Contributions

Tax-Free Disbursements

# Take Control of Your Healthcare Expenses with an HSAToday<sup>®</sup> HSA

Tax-Free Deposits | Tax-Free Growth | Tax-Free Withdrawals

When you enroll in a qualified high deductible health plan, you're eligible for a Health Savings Account (HSA). You enjoy lower plan premiums and can set aside money tax-free to cover out-of-pocket healthcare costs.

## An HSA:

- Covers qualified healthcare expenses tax-free
- Earns interest tax-free
- Can be invested
- Saves you Federal, FICA and State taxes
- Stays with you for life
- Rolls over from year to year
- Reduces insurance premiums paid by you and your family

## With an HSA, you have control over:

- How much money to put into the account
- Whether to save the account for future expenses or pay current medical expenses
- Which medical expenses to pay from the account
- Whether to invest any of the money in the account and which investments to make

## You own the account!

(It's yours, you own it) — You keep your HSA even if you:

- Change jobs or become unemployed
- Change medical coverage
- Move to another state
- Change your marital status

## With an HSAToday<sup>®</sup> HSA, you can make the most of your account with these features:



### mySourceCard

The myRSC platform is integrated with the mySourceCard Mastercard<sup>®</sup> debit card. Never have to worry about having to pay out-of-pocket and wait for reimbursement.



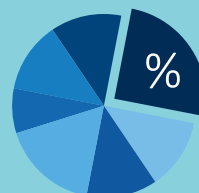
### ClaimsVault<sup>®</sup>

A unique, patented feature of HSAToday<sup>®</sup> is the ClaimsVault<sup>®</sup>, which stores digital receipt documentation and certification status that allows for expense substantiation. Your expense information remains available in ClaimsVault for as long as your HSAToday account is open.



### Form 8889

HSAToday<sup>®</sup> will automatically fill out your 8889 tax form for filing with your personal tax return.



### Investments

Once you reach the \$1,000 balance threshold, you can invest your pre-tax dollars and get tax-exempt returns! Manage every aspect of your HSA investments inside the Summit portal. Choose from several different investment models (picked by our dedicated investor) or select individual funds.

# Application and Beneficiary Designation Form

Please complete this form and return to your Plan Service Provider (PSP) indicated on the back of this form.

## Account Holder Information (Please Print)

\*Required Field

\*Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

\*Preferred Mailing Address:  Home Address  Mailing Address

\*Home Address: \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Mailing Address (if different from above): \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_

\*Mother's Maiden Name (security purposes only): \_\_\_\_\_ \*City, State of Birth: \_\_\_\_\_

## Employer Information

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is your HSA funded through Cafeteria Plan deductions? Yes  No

## Eligibility Information (You Must Check Yes On Each Question Below To Be Eligible For An HSA)

Yes  No I am currently, or will be upon the date of my first contribution, an eligible individual as described in the Custodial Account Agreement.

Yes  No I understand that maintaining my eligibility is my responsibility and that the Custodian will assume that all contributions are made while I am eligible to do so.

Yes  No I am currently, or will be upon the date of my first contribution, covered by a High Deductible Health Plan (HDHP) that meets the qualifications detailed in the Custodial Account Agreement.

## HDHP Information

HDHP Carrier: \_\_\_\_\_ Check One:  Single Coverage  Family Coverage

Plan Effective Date: \_\_\_\_\_ Deductible Amount: \$ \_\_\_\_\_

## Adoption Agreement

This application is for the establishment of my individually owned Health Savings Account at the Custodian displayed on the reverse side of this form. The information on this application is true and accurate to the best of my knowledge and I submit this form with full understanding and acceptance of the provisions contained within the Custodial Account Agreement, HSA Terms and Conditions Statement and the HSA Disclosure Statement. I also acknowledge that the Plan Service Provider (PSP) indicated on the reverse side of this form is authorized to perform transactions on my account and all such transactions initiated by the PSP should be treated as if initiated directly by me, the Account Holder.

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

(Beneficiary Designation on Opposite Side)

# Application and Beneficiary Designation Form (cont.)

Pursuant to Section VI of the Custodial Account Agreement, you are authorized to designate one or more individuals as your Account Beneficiary(ies). For each designated person below, include their address, city, state, zip, social security number (if known) and relationship to you in the space provided. You must also designate a percentage of your remaining account (if any) to be distributed to that individual.

Note: All percentages must add up to 100%.

## Primary Beneficiary(ies)

Name: \_\_\_\_\_ % \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ % \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ % \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

If all individuals listed as Primary Beneficiaries precede you in death or cannot be located after a reasonable search by the Custodian, all non-allocated funds (if any) in your account will be distributed to your Contingent Beneficiary(ies) designated below. In the event that no beneficiary can be located, your account balance (if any) will be distributed to your estate.

## Contingent Beneficiary(ies)

Name: \_\_\_\_\_ % \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ % \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Note: Special rules apply in certain states if a married individual does not select his/her spouse as beneficiary. If you reside in a community or marital property state and designate a person other than your spouse as beneficiary, you must obtain authorization from your spouse. It is the responsibility of the Account Holder to ensure that the individual(s) designated as beneficiary(ies) are legally authorized to act in that fashion.

## Electronic Funds Transfer

I hereby authorize my Plan Service Provider (PSP) to facilitate Electronic Funds Transfer (EFT) between my Health Savings Account (HSA) and my Personal Bank Account as indicated below. These EFT transactions will be facilitated by the PSP but will be initiated by the Custodian. EFT transactions will be either a withdrawal from my Personal Bank Account for subsequent deposit into my HSA or will be a withdrawal from my HSA for subsequent deposit into my Personal Bank Account.

Account Type:  Checking Account  Savings Account

Bank Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Bank Routing Number (First 9 numbers on bottom of check): \_\_\_\_\_  
 Bank Account Number (Second set of numbers): \_\_\_\_\_

## Debit Card Payment Method

I hereby request a mySourceCard® Mastercard® debit card as an alternate distribution method from my HSA account. I understand that additional fees may apply. (See Article IV of the Custodial Account Agreement for terms of usage.) Print exactly as you would like it to appear on your card. 21 characters maximum, including spaces.

Name on 1<sup>st</sup> Card:

Name on 2<sup>nd</sup> Card:

## Custodian

DataPath Financial Services, Inc.  
 P.O. Box 55068 • Little Rock, AR 72215  
 fiops@dpath.com

## Custodial Account Manager

DataPath Financial Services, Inc.  
 P.O. Box 55068 • Little Rock, AR 72215  
 Web: www.myHSAtoday.com • Email: info@myHSAtoday.com

## Plan Service Provider

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Web Address: \_\_\_\_\_

## Marketing Representative

Name: \_\_\_\_\_  
 Serial Number (to be completed by the PSP): \_\_\_\_\_

<b>Official Use Only</b>	Account Number: _____	Date: _____
	Notes: _____	Signature: _____

## ADDITIONAL BANKING SERVICES\*\*\*

You are responsible for the payment of the fees as set forth below. However, in some instances, the fees, or a portion thereof, may be paid by an Employer or Plan Service Provider. To the extent the fees are not paid by another entity, we will deduct the fees from your Deposit Account. These fees are subject to change by us at any time (including, but not limited to, the expiration of your High Deductible Health Plan), upon notice to you as required by applicable law.

Monthly Investment Option (Investment Threshold is \$1,000.00)	\$3.00
Deposit Return unpaid	\$15.00
Overdraft/NSF per item	\$22.50
Debit Card Reissue Fee (per card)	\$5.00
Withdrawal by paper check	\$3.00
Close Account Fee	\$25.00
Balance Transfer Fee (Trustee-to-Trustee)	\$15.00
Stop Payment per item	\$25.00
Wire Transfer (Individual or Employer)	\$15.00
Monthly Statement by mail	\$3.00
Copy of Check, Statement, 1099, 5498	\$5.00
Corrected IRS Filing Fee (non-banking error)	\$10.00

\*\*\* These are retail rates charged directly to the Individual HSA by the Custodian

## Included with your HSAToday® Account

Online Account Access	No charge
Online Monthly Savings Statements	No charge
Online Monthly Investment Statements	No charge
Regular Distributions by EFT	No charge
Annual Statement by Mail	No charge
Form 1099-SA & 5498-SA by Mail	No charge

- HSAToday® deposit account offered by DataPath Financial Services, Inc., through Centennial Bank, Member FDIC.
- HSAToday® Savings Account is FDIC and can include short-term US Treasuries.
- HSAToday® Investment Account not guaranteed by Custodian or insured by FDIC. May lose value.
- For Current Rate and Fee information please visit our website, <https://myhsatoday.com/datapath-financial-resources>
- For more details regarding the general terms and conditions that apply to your HSA, please see the Custodial Account Agreement and Disclosures for Health Savings Accounts.

## HOW WE CALCULATE ACCOUNT EARNINGS

Each month your interest earned is determined by the daily balance and daily rate for each day of the month using the above rate schedule. The daily rate is multiplied by the principal in the account for each day to get the daily interest earned. The sum of each day's interest becomes the posted deposit earnings for the month. Interest begins to accrue no later than the business day we receive credit for the deposit of non-cash items (e.g. checks). Interest is compounded and posted to your account monthly. The interest rate and APY is based on your account balance.

## HOW WE HANDLE INTEREST UPON ACCOUNT CLOSURE

If the account is closed on the 1st day of the month, there are no earnings accrued to post. The account is closed and the full balance less pending fees, distributions, or card authorizations, will be distributed. If the account is closed after the 1st day of the month, the system will determine the interest accrued based on the number of days the account was active during the month. This amount is automatically posted to the account prior to the final distribution.

## MINIMUM DEPOSIT FOR NEW ACCOUNTS

No minimum balance or initial deposit requirements apply to this account.

## OVERDRAFTS

Overdrafts resulting from checks or ACH transactions will be charged an overdraft/NSF fee directly to the health savings account (see above fee schedule). Overdrafts caused by debit card transactions will not be charged an overdraft/NSF fee. Overdrafts caused by investment purchase that results in a transfer from savings, will not be charged an Overdraft/NSF fee. ATM transactions are not allowed on this account.

# Advantages of Health Savings Accounts

## Security

Your high deductible insurance and HSA protect you against high or unexpected medical bills.

## Affordability

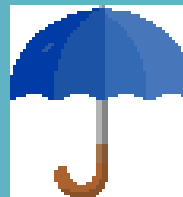
Reduce health insurance premiums by switching to health insurance coverage with a higher deductible.

## Flexibility

Use your HSA funds to pay for current medical expenses, including those your insurance may not cover, or save the money in your account for future needs such as:

- Health insurance or medical expenses if unemployed
- Medical expenses after retirement (before Medicare)
- Out-of-pocket expenses when covered by Medicare
- Long-term care expenses and insurance

## SAVE



## PAY



## INVEST



## Savings

Save the money in your account for future medical expenses and grow your account through investment earnings.

## Ownership

Funds remain in the account from year to year, just like an IRA. There are no "use it or lose it" rules for HSAs.







*Save Today for a Healthy Future™*



**Powered by:**

**HSA**Today®