



HSA Agreement

For Bank Use Only

Customer Full Name:	
Account #:	
Doc Date:	SCAN Information

Lake City Bank opens accounts in our market area only, which includes Indiana counties of Allen, DeKalb, Elkhart, Fulton, Hamilton, Huntington, Kosciusko, LaGrange, Marion, Marshall, Noble, Pulaski, St. Joseph, Whitley and any of their contiguous counties. However, Lake City Bank reserves the right to make exceptions to this policy based on the individual situation.

Name	Social Security Number	Date of Birth	Gender
Address	City, State, Zip		
Home Phone	Business Phone		
Type of Initial Deposit	Amount	Contribution Year	

ELIGIBILITY REQUIREMENTS for HSA:

Account holder certification – I certify that: (1) I am covered by a qualified High Deductible Health Plan (HDHP), (2) I certify that I am not covered by a health plan, other than HDHP, which provides any of the same benefits as the HDHP, (3) I am not enrolled in Medicare, and (4) I may not be claimed as a dependent on another person’s tax return. If you answered NO to any of the above, you are NOT eligible to establish a qualified HSA.

Participant Health Plan Information: SELECT ONLY ONE	Individual Health Plan Deductible	Family Health Plan Deductible
Health Insurance Company:	Effective Date:	

2015 Contribution

Maximum yearly contribution for individuals is \$3,350. Maximum yearly contribution for a family is \$6,650. The catch-up contribution for individuals over the age of 55 is \$1,000 for 2015. You may contribute the maximum amount as long as you have coverage in the last month of the year. If an individual does not stay in the HSA compatible plan for 12 months following the last month of the year of the 1st year of eligibility, the amount which could not have been contributed except for this provision will be included in income and subject to a 20 percent additional tax.

HEALTH SAVINGS ACCOUNT ADOPTION AGREEMENT

This Application, when signed by me and accepted by Lake City Bank, as Custodian, constitutes my adoption of the Lake City Bank Health Savings Account Custodial Agreement (the “Custodial Agreement”) and my acceptance of the terms thereof.

By signing this Application, I acknowledge:

- 1.) I authorize Lake City Bank to automatically charge my account (according to the current Personal Accounts & Services brochure) a paper statement fee if I do not receive my statement electronically. As of 3/1/2014, the Health Savings Account paper statement fee is \$6.00. There is no charge for receiving an eStatement.
- 2.) That my HSA has been established for the purpose of paying qualified medical expenses, and if distributions are not used for this purpose, I may be subject to ordinary income taxes and penalties, which I must report to the IRS.
- 3.) That no loans may be taken from my HSA and no portion of my HSA may be used as security or collateral for a loan.
- 4.) I am responsible for reporting my HSA and that Lake City Bank has no duty to determine the investment, tax, or other consequences resulting from my actions involving my HSA.
- 5.) That Lake City Bank is not an insurance company who offers the high deductible insurance plans.
- 6.) I will receive a copy of the HSA Custodial Agreement and Disclosure Statement in my New Account documentation.
- 7.) All fees are non-refundable.

APPLICATION AND AGREEMENT

EMPLOYER INFORMATION:

Company Name	
Address	City, State, Zip Code
Contact Person	Phone Number

HSA DEBIT CARD OPTIONS:

I would like to receive a Visa Debit Card issued in my name for my HSA account to be used for distributions only.
Note: Purchases made with my debit card will be reported by the Bank as distributions. I understand I should not use my debit card for non-qualifying or non-medical purposes and that I am responsible for any IRS penalties.

Optional: I request an additional debit card. I would like to order 50 checks for \$10.85

DESIGNATION OF BENEFICIARIES:

The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro-rated basis. If no primary beneficiary(ies) survive me, the contingent beneficiary(ies) shall acquire the designated share of my account. No tax or legal advice was given to me by the custodian or agent. I assume full responsibility for my adverse consequences.

Name and Address	Date of Birth	Social Security #	Relationship	Primary or Contingent	Share %

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. What this means to you: When you open an account Lake City Bank will need you to provide name, street address, date of birth and other information that will allow us to identify you. We may also ask for copies of your driver's license or other identifying documents.

AUTHORIZATION:

Before submitting, please review all information on this form to ensure that it is correct and accurate.
I certify under penalty of perjury that the following is true:

- The taxpayer(s) identification number(s) (TIN) given on the application are correct;
- I plan to open a deposit account with Lake City Bank;
- I have read and understood this application;
- I am at least 18 years old and a U.S. resident(s);
- The information I have provided to the bank is true to the best of my knowledge and I authorize the bank at its discretion to obtain credit reports and employment verification on me;
- This application will be retained by Lake City Bank whether or not it is approved;
- I agree that this account is governed by all applicable federal laws and regulation and the laws of the state of Indiana.

Account Holder Signature _____ Date: _____

After completing this form, please:

- Print the form
- Sign the form
- Attach a photocopy of your drivers license, State ID or Passport
- Fax the form to 574-267-9188