

Health Savings Account (HSA) Enrollment Form for Individuals

Please mail completed form to: Wells Fargo Health Benefit Services, NW 5613, P.O. Box 1450, Minneapolis, MN 55485-5613

Contact Information				
Last Name	First Name	M.I.	Date of Birth	Social Security Number
Street Address		City	State	Zip
Email Address	Country of Citizenship	Home Phone No. (with area code)	Work Phone No. (with area code & ext.)	
Health Care Provider/Health Insurance Carrier			Coverage Effective Date	
Broker (if referred through a broker) Scarlet's Insurance Services, Inc.			Broker ID 930861463	Group ID No. (if required)
Coverage for: Individual <input type="checkbox"/> Family <input type="checkbox"/>	Tax Year: _____ <i>(Tax year to which contribution applies. All initial funds will be deposited in the year they are received unless otherwise indicated.)</i>			
Account Setup				
Opening Deposit: \$ 100.00 Minimum Opening Deposit: + _____ = Total Opening Deposit Enclosed: \$ _____ <i>(Include a check or money order payable to Wells Fargo Health Benefit Services.)</i> A monthly administrative fee will automatically be deducted from your HSA on the first day of each month. The standard fee is \$4.25 unless otherwise specified by your insurance carrier or employer.				
Investment Fund Elections: I understand that I must contribute \$100 to open an HSA. Uninvested funds in my HSA will be held in a Federal Deposit Insurance Corporation ("FDIC") insured interest-bearing deposit account ("Deposit Account"), pursuant to Article II of the <i>Health Savings Account Trust Agreement for Employees and Individuals</i> (the "Trust Agreement") and the <i>Addendum to the Health Savings Account Trust Agreement for Employees and Individuals</i> . I must build a minimum balance (as defined in Section 3.1 of the <i>Trust Agreement</i>) in the Deposit Account before I will have the option to invest additional HSA contributions in mutual funds. I understand that I will receive a prospectus for the mutual funds in which my HSA are invested immediately following a deposit into a fund. I understand that investments in any such fund are not obligations of, or endorsed or guaranteed by, Wells Fargo Bank, N.A. or its affiliates and are not FDIC insured. I acknowledge that I have full power to direct investment of my HSA funds and that if I fail to provide direction with respect to any funds held in my HSA that exceed the minimum Deposit Account balance required to invest, such funds will be held in the Deposit Account. I understand that I may change my investment directions at any time and that it shall continue in effect until revoked or modified by me. Wells Fargo Funds Management, LLC serves as investment advisor and Wells Fargo Bank, N.A., serves as custodian for the Wells Fargo Advantage Funds. I also understand that Wells Fargo Bank, N.A. will be paid, and certain of its affiliates may be paid, fees for services to the Wells Fargo Advantage Funds and that those fees are described in the prospectus.				
Establish HSA: I hereby request that <i>Wells Fargo Health Benefit Services (HBS)</i> establish an HSA in my name. I certify that I am eligible to contribute to an HSA under Internal Revenue Code §223, and my annual contribution will not exceed the amount permitted for my situation. I acknowledge that my HSA will be established pursuant to the <i>Trust Agreement</i> . I certify that funds will be contributed according to the <i>Account Setup</i> detailed above. I also certify that <i>HBS</i> is authorized to act in accordance with any future documents bearing my signature. I further certify that the number shown on this form is my correct taxpayer identification number (TIN) (or I am waiting for a number to be issued to me). I understand that I may revoke this agreement within seven days. By signing this enrollment form, I authorize HBS to disclose account information to my spouse for recordkeeping purposes.				
The USA PATRIOT ACT OF 2001 requires financial institutions to obtain, verify and record information to confirm the identity of each individual that opens an account. What this means for you: before you open an account, we will ask for your name, address, date of birth (if you are an individual), taxpayer identification number (TIN), and other information that will allow us to identify you. I certify that the purpose and funds for this account are for an HSA. If no, please explain: _____				
What is the source of the funds contributed to the HSA: Employer Funds _____ Personal Funds _____ Rollover or Transfer Funds _____ *Health Benefit Services Transfer/Rollover Forms are available online at healthbenefits.wellsfargo.com			How were you referred to Wells Fargo: _____	
Primary Beneficiary Information				
Name		Relationship	Social Security Number	
Street Address		City	State	Zip
The rights of the beneficiary named above shall be subject to all terms and conditions of the <i>Trust Agreement</i> and shall be effective only if received by HBS prior to the account owner's death. This designation applies to all HSA funds that remain undistributed from this HSA at the account owner's death. If the account owner wishes to name additional primary beneficiaries or contingent beneficiaries, he/she may obtain a form by calling (866) 890-8309. If no primary beneficiary survives the account owner, payment of funds shall be made to surviving contingent beneficiaries or if none, in accordance with the terms of the <i>Trust Agreement</i> . This designation may be changed by filing a written change with HBS. If the account owner is married and resides in a community or marital property state (Arizona, California, Idaho, Louisiana, Nevada, Texas, Washington, Wisconsin, New Mexico), the account owner may need to obtain spousal consent if he/she has not designated his/her spouse as primary beneficiary for at least half of the HSA.				
Signature of Account Owner				
Signature			Date of Application	
Website: healthbenefits.wellsfargo.com (866) 890-8309 Wells Fargo Health Benefit Services (HBS), a division of Wells Fargo Bank N.A., provides administrative services to HSAs on behalf of Wells Fargo Bank N.A.				