

Health Savings Account Contributions



1. Individual Information

<input type="text"/>				
Company Name (if applicable)				
<input type="text"/>			<input type="text"/> - <input type="text"/> - <input type="text"/>	
Individual Name (First, MI, Last)			Social Security Number	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>		<input type="text"/>
Day Telephone		Hire Date (if offered through your employer)		Birth Date
<input type="text"/>			<input type="text"/>	<input type="text"/>
Home Address			City	State ZIP

2. Contribution Information

No minimum cash balance is required when opening an HSA with Discovery Benefits. Initial contributions will be deposited into a cash account. Once the minimum threshold for the cash account has been met, funds above the threshold will automatically sweep to an interest bearing account once the amount above the threshold reaches \$100. You can invest funds held in the interest bearing account into mutual funds through your account login.

Contribution Date	Contribution Amount	Contribution Type	Contribution for Tax Year	Type of Activity
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Regular/Catch-Up	<input type="text"/>	<input type="checkbox"/> Initial Contribution
		<input type="checkbox"/> Transfer		<input type="checkbox"/> Change of Investment
		<input type="checkbox"/> Rollover		<input type="checkbox"/> Contribution to an existing HSA
		<input type="checkbox"/> Mistaken Distribution*		

Please make check payable to: **Discovery Benefits, Inc. and mail to PO Box 2926, Fargo, ND 58108-2926.**

Contribution/Investment Statement: Any contributions received will be deposited in the cash account. Funds above the minimum threshold will automatically be swept into an interest bearing account once the amount above the threshold reaches \$100. You can set investment allocations for the mutual fund investments through your account login.

3. Authorized Signatures

If this HSA is being established with a regular contribution, I certify that I am covered by a qualified high deductible health plan (HDHP), and that I am not covered by a health plan other than an HDHP that provides any of the same benefits as an HDHP. If this HSA is being established with a rollover or transfer contribution, I certify that the rollover or transfer assets are from another HSA or Archer Medical Savings Account (MSA). I certify that the information provided by me on the Application is accurate, and that I have received a copy of the Application and Custodial Agreement and Disclosure Statement and amendments thereto. I assume sole responsibility for all consequences found in the Application and Custodial Agreement and Disclosure Statement. I understand that I may revoke the HSA on or before seven (7) days after the date of establishment. I have not received any tax or legal advice from the custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the HSA custodian harmless against any and all claims or losses arising from my actions.

<input type="text"/>	<input type="text"/>
HSA Account Holder	Date

*According to IRS Notice 2004-50, an HSA Custodian or Trustee may allow the return of mistaken distributions. The Custodian or Trustee may rely on the Account Owner's representation that the distribution was, in fact, a mistake.