Lake Shore Savings
Putting People First

HSA Customer Verification

Eligibility Certification:

☐True ☐False   I am covered under a qualifying High Deductible Health Plan (HDHP).

☐True ☐False   I am not covered under any other insurance plans that are not HDHP.

☐True ☐False   I am not enrolled in Medicare.

☐True ☐False   I am not able to be claimed as a dependent on anyone's income tax returns.

If you answer false to any of these statements you will not be eligible to open a Health Savings Account.

Name:

Address (Physical address no PO Box):

Email Address (required):

Date of Birth:

Social Security Number:

Driver's License #:

State of Issuance:

Issue Date:

Expiration Date:

Copy of   needs to be UPLOADED to the SECURE PORTAL on Employee Engagement's

Benefit Website:

Primary Phone Number:

Marital Status: ☐Married ☐Single

Occupation:

Insurance Plan Type: ☐Individual ☐Family

Are you transferring your current HAS Plan to Lake Shore Savings? ☐Yes ☐No

If yes, from where: Account Number:

              Address:

☐Yes, I would like a HSA Debit Card issued to me   ☐No, I do not want a HSA Debit Card

 ☐Yes, I would like HSA Checks   ☐No, I do not want Checks

☐Yes, I want a Beneficiary   ☐No, I do not want a Beneficiary

If yes, Beneficiary Info:

Name:

Address:

Email Address (Required):

Social Security Number:

Date of Birth:

Phone Number:

Occupation:

Relationship to HSA owner:

(If more than one Beneficiary is designated, please write additional Beneficiaries information on the back of this form)

☐Yes, I would like a Spousal Authorized Signer ☐No, I do not want an Authorized Signer

If yes, *UPLOAD copy of Driver's License to SECURE PORTAL on EE Website.*

Spousal Authorized Signer Name:

Address:

Email Address (Required):

Social Security Number:

Date of Birth:

Phone Number:

Occupation:

☐Yes, I want a HSA Debit Card issued to my authorized signer.

☐No, I do not want a HSA Debit Card issued to my authorized signer.

All signature cards and required documents will be sent out through DocuSign in order for account to be opened. Name: _____   Signature: _____