COMMUNITY BANK

MANKATO • VERNON CENTER • AMBOY

Health Savings Account Application

Thank you for choosing Community Bank for your Health Savings account. A HSA works with your high deductible health plan and allows you to make contributions and accumulate earnings-tax free. Features such as free debit cards, checks, and online banking make accessing your money quick and easy. Please fill out the form below and return it to a personal banker at any of our locations.

ACCOUNT OWNER INFORMATION				
FIRST NAME	MI	LAST NAME		
STREET ADDRESS				SOCIAL SECURITY NUMBER
CITY	STATE	ZIP		PHONE NUMBER
DRIVER'S LICENSE NUMBER	ISSUED	EXPIRES	STATE	DATE OF BIRTH
EMPLOYER				OCCUPATION

AUTHORIZED SIGNER INFORMATION (OPTIONAL)				
FIRST NAME	MI	LAST NAME		
STREET ADDRESS				SOCIAL SECURITY NUMBER
CITY	STATE	ZIP		PHONE NUMBER
DRIVER'S LICENSE NUMBER	ISSUED	EXPIRES	STATE	DATE OF BIRTH
EMPLOYER				OCCUPATION

PRIMARY BENEFICIARY INFORMATION									
NAME			TAX ID #		NAME			TAX ID #	
ADDRESS			RELATIONSHIP		ADDRESS			RELATIONSHIP	
CITY	STATE	ZIP	DOB	% TO REC	CITY	STATE	ZIP	DOB	% TO REC

☐ I am not married ☐ I am married, my spouse is my primary beneficiary ☐ I am married, my spouse is not my primary beneficiary

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CONTINGENT BENEFICIARY INFORMATION

NAME	TAX ID#		NAME	TAX ID #	
ADDRESS	RELATIONSHIP		ADDRESS	RELATIONSHIP	
CITY STATE ZIP	DOB	% TO REC	CITY STATE ZIP	DOB	% TO REC
NAME	TAX ID#		NAME	TAX ID #	
ADDRESS	RELATIONSHIP		ADDRESS	RELATIONSHIP	
CITY STATE ZIP	DOB	% TO REC	CITY STATE ZIP	DOB	% TO REC

ELIGIBILITY INFORMATION

YES	NO	
☐	☐	I am eligible to establish a Health Savings Account (HSA).
☐	☐	I am or will be covered under a qualified High Deductible Health Plan (HDHP).
☐	☐	I am not covered under any other health plan that is not compatible with a Health Savings Account.
☐	☐	I am not enrolled in Medicare.
☐	☐	I may not be claimed as a dependent on another person's tax return

INSURANCE PLAN INFORMATION

TYPE:
- ☐ Single
- ☐ Family

CONTRIBUTION INFORMATION

CONTRIBUTION YEAR:

CONTRIBUTION AMOUNT:

CONTRIBUTION TYPE:
- ☐ Regular Contribution
- ☐ Transfer
- ☐ Rollover

METHODS TO PAY

Access Types:
- ☐ Debit Card
- ☐ Checks
- ☐ Both

I certify that the information that I have provided on this application is correct to my knowledge. I understand that I will be required to provide a valid government issued form of photo identification and other information required of the United States Patriot Act at account opening.

ACCOUNT OWNER SIGNATURE	PRINT NAME	DATE

951 MADISON AVE
MANKATO, MN 56001
507-625-1551

300 ST ANDREWS DR
MANKATO, MN 56001
507-385-4444

201 E MAIN STREET
VERNON CENTER, MN 56090
507-549-3679

203 EAST MAINE ST
AMBOY, MN 56010
507-674-3300

EQUAL HOUSING LENDER
Member FDIC