

HEALTH SAVINGS ACCOUNT APPLICATION FORM

Congratulations on selecting a rewarding way to pay for your current and future health care costs – the BenefitWallet HSA.

To activate your Health Savings Account so that you can deposit and distribute funds, please completely fill out this form. All forms **MUST** be printed and legible. (NOTE: Any form that is illegible or not completely filled out will be returned.) Please make sure to read all the materials that accompany this application, which include a Rate and Fee Schedule, Deposit Agreement & Disclosure Statement and The Privacy Notice.

By signing this form I hereby authorize The Bank of New York Mellon (the "Bank") to establish a Health Savings Account on my behalf. I acknowledge that I have received and read a copy of The Bank of New York Mellon Deposit Agreement & Disclosure Statement and Privacy Statement and agree to be bound by the terms and conditions of the Agreement and Privacy Statement as amended from time to time and to the Bank's policies and procedures regarding HSAs. This Agreement and Privacy Statement will remain in effect as long as I continuously maintain at least one covered account with the Bank.

Client code:	4	0	1	Effective Date:			/			/		
Employer Name:												
Employer Address:												

<u>Account Holder's Personal Information</u>																					
Soc. Security #				-			-						Birth Date:			/			/		
First Name													MI								
Last Name:																					
Street 1:																					
Street 2:																					
City																					
State				Zip									-								

Account Holder Signature Required: Date.....

Account Holder E-Mail Address:

**Return
Master
Signature
Card**

If you would like to receive a checkbook, check the **Request for Checkbook** box on the Master Signature Card. To designate an account beneficiary, you **must** complete and return the Master Signature Card.

**Receive Your
Debit Card**

Upon processing your enrollment you will receive a personalized HSA debit card. Your card will be activated upon first swipe. Your HSA debit card cannot be used at an automated teller machine (ATM). To obtain additional debit cards, contact BlueFund at 888-790-7072.

**Fund Your
Account**

You can make a deposit to your account: 1) through payroll contributions (contact your employer for more information); 2) through the **"Make a Deposit"** feature of **Direct Pay HSA**; or 3) by check using the Deposit Ticket included in this mailing. Complete the Deposit Ticket and a check made out to "The Bank of New York Mellon" and mail to the address on the Deposit Ticket.

If you currently have funds with another HSA custodian, you may rollover these funds into your BenefitWallet HSA. Simply complete the HSA Deposit Ticket included in this mailing, and enclose a check from your prior HSA account made out to "The Bank of New York Mellon". Be sure to check the "Roll-over Deposit" box on the HSA Deposit Ticket.

**Manage Your
Account**

You can update your address, check account balance, recent transactions and tax information by logging onto www.carefirst.com or calling BlueFund at 888-790-7072. If you used the Master Signature Card to open your account you will receive your statements in paper, and will be charged a \$1.25 fee per paper statement. To receive electronic statements, log onto www.carefirst.com and go to **"My Profile"** under **"Members Services"** and edit **"Your Statement Delivery Option"**.

Important: To update your address for the mailing of HSA debit cards or any health insurance mailings you **must** also contact your employer **and** CareFirst BlueCross BlueShield (BlueFund) at 888-790-7072.

Additionally, you may access periodic electronic account statements reflecting current and year-to-date debits/withdrawals, as well as all credits (deposits or interest earnings).

**Tax
Reporting**

You will receive IRS form 1099-SA reflecting withdrawals from your account and IRS form 5498-SA reflecting contributions made to the account and the fair market value of the account. These forms are available to you by January 31st of each year and are also available online.

Please note that it is the account holder's responsibility to manage their HSA to insure they do not contribute more than the amount allowed by the IRS for a calendar year. If you do exceed the maximum, you may request a **"Return of Excess Contribution"** form through BlueFund Member Services at 888-790-7072 or by downloading it from www.carefirst.com.

**Contact us
for support**

If you have questions or need assistance, contact BlueFund at:
888-790-7072
Monday to Friday, from 7:00 a.m. to 7:00 p.m. (Eastern Time)

For contact via mail, send to: BenefitWallet
P.O. Box 1584
Secaucus, NJ 07094-1584