COMMUNITY BANK

MANKATO | AMBOY | EAGLE LAKE | VERNON CENTER

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 and return it to a Personal Banker at any of our locations.

ACCOUNT OWNER INFORMATION		
Full Name (First, Middle, Last)		
Street Address (No P.O. Boxes)		
City	State	Zip
Home Phone	Cell Phone	
Email Address		
Mailing Address (if different from above)		
Driver's License Number	Date of Birth	
Social Security Number		
Issue Date	State Issued	Expiration Date
Employer	Occupation	

AUTHORIZED SIGNER INFORMATION		
Full Name (First, Middle, Last)		
Street Address (No P.O. Boxes)		
City	State	Zip
Home Phone	Cell Phone	
Email Address		
Mailing Address (if different from above)		
Driver's License Number	Date of Birth	
Social Security Number		
Issue Date	State Issued	Expiration Date
Employer	Occupation	

PRIMARY BENEFICIARY INFORMATION		
Full Name (First, Middle, Last)		
Street Address (No P.O. Boxes)		
City	State	Zip
Social Security Number	Date of Birth	
Relationship	% to receive	
Full Name (First, Middle, Last)		
Street Address (No P.O. Boxes)		
City	State	Zip
Social Security Number	Date of Birth	
Relationship	% to receive	

CONTINGENT BENEFICIARY INFORMATION

Full Name (First, Middle, Last)		
Street Address (No P.O. Boxes)		
City	State	Zip
Social Security Number	Date of Birth	
Relationship	% to receive	
Full Name (First, Middle, Last)		
Street Address (No P.O. Boxes)		
City	State	Zip
Social Security Number	Date of Birth	
Relationship	% to receive	

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 HSA.
☐	☐	I am not enrolled in Medicare.
☐	☐	I may not be claimed as a dependent on another person's tax return.

INSURANCE PLAN INFORMATION

☐ Single

☐ Family

CONTRIBUTION INFORMATION

Contribution Year		Contribution Amount	
Contribution Type	☐ Regular	☐ Transfer	☐ Rollover

METHODS TO PAY

Access Type	☐ Regular	☐ Transfer	☐ Rollover

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 upon account opening.

Account Owner Signature	Date

951 Madison Ave Mankato, MN 56001 507-625-1551	300 St. Andrews Dr Mankato, MN 56001 507-385-4444	203 East Maine St P.O. Box 368 Amboy, MN 56010 507-674-3300	405 Parkway Ave Eagle Lake, MN 56024 507-257-5120	201 E Main St P.O. Box 307 Vernon Center, MN 56090 507-549-3679