

Take control of your health care expenses.

- ❖ *Tax deductible contributions to your health savings account*
- ❖ *Tax free dollars to pay for qualified medical expenses*
- ❖ *Tax free growth of your investment*
- ❖ *Keep the savings you don't use*
- ❖ *Take the plan with you if you change jobs*

Who Can Have An HSA?

- ❖ You must be covered under a qualified high deductible health plan on the first day of the month
- ❖ You cannot be covered by any other health plan, including spouse's health insurance
- ❖ You cannot be covered by spouse's Medical FSA
- ❖ You cannot be enrolled in Medicare or TriCare
- ❖ You cannot have used Veteran's health benefits in past 90 days
- ❖ You cannot be claimed as dependent on another person's tax return
- ❖ Neither you nor your spouse can have a normal FSA (Flexible Spending Account). A Limited Healthcare Flexible Spending Account and a Childcare FSA are allowed.

Investment Options

You can choose either or both of the following options:

Vanguard No-load Mutual Funds.

- ❖ Choose up to four of the 22 Vanguard® mutual funds offered
- ❖ No minimum contribution required
- ❖ Low expense ratios
- ❖ No transaction or redemption fees
- ❖ Not FDIC insured
- ❖ Reimbursed separately from the Debit Card

Debit Card from HSA Bank.

- ❖ APY varies based on account balance
- ❖ APY subject to change – see website for details
- ❖ FDIC insured
- ❖ Optional checks available
- ❖ No monthly low-balance fee
- ❖ **NOTE:** Debit Card cannot access Vanguard Funds

Annual HSA Contribution Limits

	2013	2014
Single Account	\$3,250	\$3,300
Family Account	\$6,450	\$6,550
Catch up (age 55 and older)	\$1,000	\$1,000

Tax Advantages

- ❖ Contributions made through a Section 125 payroll withholding are pre-taxed.
- ❖ Any additional contributions made directly to the account are tax deductible.
- ❖ Withdrawals for eligible medical expenses are tax-free. This includes medical, dental, and vision expenses for you, your spouse, and tax dependents.
- ❖ Withdrawals for non-medical expenses are allowed but are taxable and subject to a 20% penalty. (Penalty does not apply after age 65.)

Contribution Details

- ❖ Catch up provision if you are age 55 by December 31 of the tax year.
- ❖ Maximum includes employer contribution.
- ❖ Note: Unless you meet the requirements outlined below, your contribution must be prorated based on the number of full months in the tax year that your insurance is in force. Divide the maximum, including any catch-up, by 12 then multiply by the number of full months your insurance will be in force during the current tax year.
- ❖ If you become eligible for an HSA anytime on or before December 1 of any year you can contribute as if you were eligible for the entire year. This is true as long as you continue to be covered by a qualified high deductible health plan (HDHP) for 12 full months after the December of the year in which you became eligible for an HSA.

How Do You Get Started?

- ❖ Select your HSA high deductible insurance coverage.
- ❖ Select your investment options – Vanguard Funds and/or HSA Bank debit card.
- ❖ Complete the attached HSA enrollment form or enroll online at www.HSAadministrators.com.

Vanguard® No-Load Mutual Funds

Available at Health Savings Administrators are 22 Vanguard® funds each having distinct investment management objectives, strategies, risks and policies. The Vanguard® Group provides investors with access to some of the leading money managers from around the world. They utilize a multi-manager approach to investing to provide greater diversification within each portfolio. Read the current prospectus on funds that interest you (available at www.vanguard.com) for more information prior to investing. **NOTE: For your HSA, you are not subject to the normal Vanguard minimum investment requirements.**

Securities offered through The Vanguard Group, Member NASD SIPC. Security products: **Not insured by FDIC nor any Federal Government Agency; May Lose Value; Not a Deposit of or Guaranteed by the Bank or any Bank Affiliate.**

Least Risk  Most Risk	Vanguard® Prime Money Market Fund Investor Shares	VMMXX
	Vanguard® GNMA Fund Admiral Shares	VFIJX
	Vanguard® LifeStrategy Income Fund	VASIX
	Vanguard® Total Bond Market Index Fund Admiral Shares	VBTLX
	Vanguard® LifeStrategy Conservative Growth Fund	VSCGX
	Vanguard® Wellington™ Fund Admiral Shares	VWENX
	Vanguard® LifeStrategy Moderate Growth Fund	VSMGX
	Vanguard® STAR Fund	VGSTX
	Vanguard® Windsor™ II Fund Admiral Shares	VWNAX
	Vanguard® LifeStrategy Growth Fund	VASGX
	Vanguard® 500 Index Fund Admiral Shares	VFIAX
	Vanguard® Total Stock Market Index Fund Admiral Shares	VTSAX
	Vanguard® Social Index Fund Investor Shares	VFTSX
	Vanguard® Selected Value Fund Investor Shares	VASVX
	Vanguard® Morgan™ Growth Fund Admiral Shares	VMRAX
	Vanguard® International Growth Fund Admiral Shares	VWILX
	Vanguard® Mid-Cap Index Fund Admiral Shares	VIMAX
	Vanguard® Total International Stock Index Fund Admiral Shares	VTIAX
	Vanguard® Extended Market Index Fund Admiral Shares	VEXAX
	Vanguard® Strategic Equity Fund	VSEQX
	Vanguard® Small-Cap Index Fund Admiral Shares	VSMAX
	Vanguard® Mid-Cap Growth Fund Investor Shares	VMGRX

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Fees

Account Set-up Fee	No Charge
Administration Fee	\$45.00 per year
Mutual Fund Specific Fees	Account maintenance fee - .0008 per quarter times account balance, capped at \$20,000 account balance per fund. Mutual Fund Account maintenance fees will be deducted from account balance quarterly (i.e. 80 cents per \$1,000 every 3 months).
Quarterly Statements	Electronically at no charge; via US Postal Service at \$10.00 per year.

Instructions: Complete all fields below and sign on page 2, or complete on-line enrollment form at www.HSAadministrators.info.
Mail or fax your application to: **Health Savings Administrators, 10800 Midlothian Tpk Ste 240, Richmond, VA 23235, Fax: (804) 726-1570.**
For assistance, call (888) 354-0697, Monday - Friday, 8:30 a.m. - 5 p.m., ET.

PART 1: GENERAL INFORMATION FOR PRIMARY ACCOUNTHOLDER

First Name:	MI:	Last Name:	Date of Birth: (mm/dd/yyyy)	Social Security Number:
Street Address: (Required)			City:	State:
Preferred Mailing Address: <input type="checkbox"/> Street Address <input type="checkbox"/> P.O. Box			Email:	
P.O. Box:			City:	State:
Home Phone:			Business Phone:	
Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien <small>(If checked, please provide W8)</small>			If not a U.S. Citizen, enter Country of Citizenship:	
Employment: <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired				
Employer:			Title/Profession:	
Health Plan Insurance: <input type="checkbox"/> Single <input type="checkbox"/> Family			Effective Date of qualified Health Insurance:	Deductible Amount: \$

PART 2: AUTHORIZED SIGNER OPTIONAL: (SUCH AS A SPOUSE OR ANOTHER THIRD PARTY)

By completing all of the fields below, you are authorizing the person designated as "Authorized Signer" to access and initiate transactions on your account as your agent. HSA Bank will rely upon this designation until HSA Bank receives your written revocation of this authorization and has had a reasonable time to act upon it. You hold harmless and indemnify HSA Bank against any claims against or losses arising out of HSA Bank's reliance on this authorization, and release HSA Bank from any liability arising from such reliance, unless otherwise prohibited by law. You remain solely responsible for any tax consequences that result from any actions taken by the authorized signer regarding your account.

First Name:	MI:	Last Name:	Date of Birth: (mm/dd/yyyy)	Social Security # (Required)
<input type="checkbox"/> Address same as accountholder		Street Address:		
City:		State:	ZIP Code:	Phone Number:

If you would like to designate a beneficiary for your account, please complete our Designation of Beneficiaries form which is available on our website at: <http://www.hsabank.com/beneficiary>. UPON NOTICE TO HSA BANK OF YOUR DEATH, THIS AUTHORIZATION TERMINATES, AND RIGHTS TO FUNDS IN YOUR ACCOUNT WILL BE TRANSFERRED TO YOUR BENEFICIARIES. IF YOU DID NOT NAME A BENEFICIARY, YOUR ACCOUNT BALANCE WILL BE PAYABLE THROUGH YOUR ESTATE.

PART 3: FEES

Annual Administration Fee: \$45.00. Please note: This fee may be paid in full, or in part, by your employer. If you are responsible for this fee, you may include payment in your contribution check made payable to HSA Bank.

PART 4: CONTRIBUTION CHOICES: (VANGUARD FUNDS, DEBIT CARD, OR BOTH)

Check here if including a contribution with this enrollment form. Contribution Amount \$ _____ Contribution Year _____

Select fund allocation(s) - up to four Vanguard Funds and/or the Debit Card. See list of available funds on Page 2.
Debit Card is optional and does not access the Vanguard funds. Use whole numbers, and total must add to 100%.
If no selection is made, debit card will be ordered.

_____ %	Fund Name _____	Symbol _____
_____ %	Fund Name _____	Symbol _____
_____ %	Fund Name _____	Symbol _____
_____ %	Fund Name _____	Symbol _____
_____ %	Debit Card (Debit card is funded separately from the Vanguard Funds)	
100 %	Total	

