

### Part I: Depositor Information

First Name  MI  Last Name

Street Address (Required)  PO Box

City  Zip  State

SSN (Required)  Home #

Bus. #  Fax

Email

Name of person (in addition to account holder) authorized to receive the Access ID and Initial Password for HSA Bank™ Online

### Part II : Internet Banking Account Information - Identify your HSA Bank accounts to be viewed online.

MSA/HSA Account#:  Account #2: (if applicable)

### Part III - On-Demand-Transfer

By completing this section, you are indicating you wish to transfer funds from your checking account at a financial institution other than HSA Bank to your deposit account at HSA Bank through On-Demand-Transfer.

We are pleased to offer On-Demand-Transfer. Now you (not HSA Bank™) can make your HSA contribution online, anytime, from your checking or savings account to your HSA at HSA Bank AND/OR setup your own automatic recurring contributions. Your options for establishing automatic recurring contributions include: weekly, bi-weekly, semi-monthly, monthly, quarterly, or annually. A non-recurring contribution is credited to your HSA within two business days while automatic recurring contributions are credited on the pre-determined dates that you select. You will have the ability to delete pending transfers or you may contact the bank for assistance. ODT capability ceases if you close your HSA at HSA Bank.

I (as stated in Part I) request authorization to initiate online credit entries (contributions) to my HSA account (as stated below).

#### Transfer From (debit):

Name of Financial Institution

Address

City  State  Zip

Phone  Account # (Checking, not savings)   
 (required: please attach voided check)

Nine-digit Financial Institution Routing Number

Please Note: ODT is not for initial contributions. Initial contributions should be made by check. Also, contributions made via ODT cannot be made for prior year. Prior year contributions made in the current year from January 1 through April 15 must be made by check.

#### Transfer to (Credit):

HSA Account#:  Address **HSA Bank™**  
 211 N. Wisconsin Drive  
 Howards Grove, WI 53083

Nine-digit Financial Institution Routing Number

### Part IV-Certification

The undersigned (each "depositor") agrees as follows: If the Depositor's Password issued in connection with HSA Bank Online is provided to another person, that person will be authorized to make withdrawals and/or transfers from Depositor's accounts and if a line of credit is available on any account, may create a loan which the Depositor is responsible to pay according to the terms of Depositor's credit agreement. Depositor certifies that the information contained in the Application is true and complete, authorizes HSA Bank to verify it and to obtain additional information relating to Depositor's financial responsibility if necessary. The availability of all services described in this Application are subject to approval of HSA Bank. By signing this Application, Depositor authorizes online account access through (check the appropriate box(es))  Internet Banking  On-Demand-Transfer and agrees to be bound by the Internet Banking Agreement (Online Agreement) and Disclosure ([http://www.hsabank.com/bl\\_msadebitcarddisc.asp](http://www.hsabank.com/bl_msadebitcarddisc.asp)) and Depositor acknowledges receipt of such document.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** IF your account allows more than one signature, please have all required signatures on this form



## Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at [contact@hcrcompliance.com](mailto:contact@hcrcompliance.com) or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

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Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

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如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-844-396-0188]。 (Chinese)

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Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

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이 건보함에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

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Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

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Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

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إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

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Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

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Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

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Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

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Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

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あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

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Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

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اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

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