



# Health Savings Account Application



## FIRST HSA

1044 MacArthur Rd., Reading, PA 19605  
(Ph) 610-678-6000 or 888-769-8696 (fax) 610-678-6818  
website: [www.lhsa.com](http://www.lhsa.com)

Agent Name: \_\_\_\_\_  
Agent Company: PCI Insurance, Inc.  
Use Payable to: PCI Insurance, Inc.  
Only Address: 417 Walnut Street  
Address: Harrisburg, PA 17101  
Phone: 800-755-3021

**Checking Account # 56** \_\_\_\_\_  
(First HSA will complete Checking Account Number)

*Name		*Soc. Sec. #		*Date of Birth	
*Mailing Address (if P.O. Box – also provide street address)			*City		*State
*Driver's License # or State ID #			*Issuing State	*Issue Date	*Expiration Date
*Home Phone		Business Phone		Email Address	
<b>Type of initial Deposit:</b> Current Year Amount \$ _____ Prior Year Amount \$ _____ Transfer Amount \$ _____ Rollover Amount \$ _____					
<b>Contribution Methods: Please select your method of contributing.</b> <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit – <b>Include voided check</b> – Complete: \$ _____ Amount to withdraw monthly _____ Day of month _____ Initial month _____ *please allow 5 days to set up <input type="checkbox"/> Payroll Deduction – Please complete company information below. Payroll election amount per pay \$ _____					
Company Name			Phone Number		
Address		City		State	Zip Code
Contact Person			Email Address		
<b>Designation of Beneficiary(ies):</b> I hereby certify that if I die before distribution has been completed the value of my Health Savings Account shall be distributed to the Beneficiary(ies) named below. Use a separate paper for additional beneficiaries.					
Primary Name		Soc. Sec #		Relationship	
Percent	Address		City	State	Zip
Contingent Name		Soc. Sec #		Relationship	
Percent	Address		City	State	Zip
<b>AUTHORIZED SIGNOR SECTION: (Optional):</b> I hereby designate the following individual as <b>additional authorized signor</b> on my Health Savings Account to sign checks. Authorized Signor's may also be issued a Debit card at an additional \$5.00 per card. See Check Card Section.					
Printed Name		Signature		DOB	SS#
Address		City	State	Zip	Relationship
<b>T.I.N. CERTIFICATION</b> (Cross out item (2) <b>if</b> subject to backup withholding). Under penalties of perjury, I certify that: (1) The number shown on this form is My correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person or resident alien. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.					
*Accountholder Signature				Date	

\*required fields

