

Health Savings Account Enrollment Materials

As part of your High Deductible Health Plan (HDHP) and your Health Savings Account (HSA) benefit, your employer has selected CODE Credit Union as your HSA Custodian and FlexBank Administrators as your third party HSA administrator. Your HSA is designed to help you save and pay for your health care expenses on a tax-free basis and provide you with the resources you need to answer all of your HSA questions.

Health Savings Account Application: Please complete the attached application and return it to your employer's Benefits Administrator.

Health Savings Account Contribution Form: If you are interested in contributing to your HSA on a pre-tax basis, you must complete the HSA contribution form and forward to your employer's Benefits Administrator.

You will receive an email deposit confirmation whenever a deposit has been made as a result of a payroll deduction from your paycheck through your employer.



CODE Credit Union Health Savings Account

Interest-bearing checking account that provides easy access to your money when paying for qualified medical expenses.

- ✓ Earn interest on average daily balance of \$500.
- ✓ 12-month CD rate for higher interest rate.
- ✓ Free HSA debit card.
- ✓ Checks available upon request. Employee must reach out to Code Credit Union directly to order.
- ✓ Monthly account statements. Online free and \$2/month paper.
- ✓ On-line bill pay for \$4.95 per month (*price subject to change*).
- ✓ **A copy of the Driver's License for the applicant only is required at initial setup.**

- ✓ Complete the application and return it to FlexBank.
email DAYHSA@naviabenefits.com
fax 937.299.5609
mail 1250 W Dorothy Lane, Suite 107, Dayton, OH 45409



FlexBank/Navia Benefits

Address: 1250 W Dorothy Lane
Suite 107
Dayton, OH 45409

Phone: 888.677.8373

Email: DAYHSA@naviabenefits.com

Web: www.FlexBank.net

CODE Credit Union

937-222-8971

Web: www.codecu.org



355 W. Monument Ave., Dayton
 415 W. National Rd., Englewood
 2759 Miamisburg-Centerville Rd., Miami Township
 937-222-8971 - www.CODECU.org

CODE HSA Acct # _____

Date _____

HSA Member Account Agreement / Debit Card Order

HSA TYPE Family Plan Individual Plan

| | | | | | |
|--------------------------------|------------------------------|--|------------|-------------|--|
| Name | | SSN (I certify this is my correct SSN) | | | |
| Address | | City | State | Zip | |
| Mailing Address (if different) | | | | | |
| Home Phone | | Cell Phone | E-mail | | |
| Birthdate | Gov't Photo Type & ID Number | State | Issue Date | Expire Date | |
| Employer | | Work Phone | | | |

DEBIT CARD ORDER - I would like: HSA Debit Card

Additional Cards – Family Plan Only Print name of adult person(s) you are requesting to receive debit cards

| Designation of Beneficiary(ies) |
|---|
| <p><i>The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my HSA.</i></p> |

| No. | Beneficiary's name and address | DOB | SSN | Relationship | Primary or Contingent | Share % |
|-----|--------------------------------|-----|-----|--------------|---|---------|
| 1. | | | | | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | |
| 2. | | | | | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | |
| 3. | | | | | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | |
| 4. | | | | | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | |
| 5. | | | | | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | |

IMPORTANT ACCOUNT OPENING INFORMATION: Please read before signing

I understand the eligibility requirements for the type of HSA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the 5305-C Plan Agreement and the Disclosure Statement. I understand that the terms and conditions which apply to this HSA are contained in this Plan Agreement. I agree to be bound to those terms and conditions. I assume complete responsibility for :

1. Determining that I am eligible for an HSA each year I make a contribution.
2. Ensuring that all contributions I make are within the limits set forth by the tax laws.
3. The tax consequences of any contributions (including rollover contributions) and distributions.

Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Everything I have stated in the application is correct to the best of my knowledge. I authorize the credit union to investigate my credit and employment history and obtain reports from consumer reporting agencies. The Ohio law against discrimination requires that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. Except as otherwise provided by law or other documents, the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner agrees to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, this document and the following Terms and Conditions, Electronic funds Transfers, Substitute checks, Common Features, Privacy, Truth in Savings and Funds Availability.

I understand that all payments and withdrawals made by a HSA debit card or check will be tracked and reported to the IRS as normal distributions on an annual basis. This account should only be used to pay for qualified medical expenses and it is my responsibility to maintain records of all activity as required by the IRS. I understand that if I request a debit card or checks for any individual covered in my family plan that I am authorizing him/her to make purchases and withdrawals on my behalf. In the event that I make this choice the credit union bears no responsibility for any purchase or withdrawal made by them.

I certify under penalties of perjury that I am a U.S. person (including a U.S. resident alien).

Sign X _____ Date _____

Custodian (Witness) x _____ Date _____



FlexBank, Inc. ADMINISTRATIVE SERVICES AGREEMENT

By signing this form I understand that the following administrative services for my Code Credit Union Health Savings Account (“HSA”) are provided to me by FlexBank, Inc. Administrative services provided by FlexBank, Inc. include enrollment assistance, access to the toll-free help-line to answer any questions concerning Health Savings Accounts, qualified medical expenses, or other distributions. I understand that I, and not FlexBank, Inc., am personally responsible for all aspects of my HSA. FlexBank does not offer tax or legal advice. I hereby appoint and authorize FlexBank, Inc. as my designated agent to interact with Code Credit Union as may be required in the administration of my HSA. This would include authorization to credit or make deposits to my account for the purpose of employee/employer HSA contributions and if necessary, process a debit or adjustment for any credit/deposit entries in error such as a mistaken contribution. I hereby specifically consent to and permit Code Credit Union to provide my account number, account information and other non-public information concerning my HSA to FlexBank, Inc. and authorize Code Credit Union to interact with FlexBank, Inc. as may be required or appropriate in the administration of my HSA. This appointment of FlexBank, Inc. as my designated agent is effective as of the date shown on this application or until revoked by me in writing. I have read and consent and agree to the terms of the FlexBank Administrative Agreement described above.

Signature

Date



HSA TRANSFER REQUEST

| | | | | | |
|--|----------------------|-------------------|--|--|--|
| HSA ACCOUNT OWNER'S NAME AND ADDRESS (Transferring HSA) | | | CURRENT HSA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS | | |
| | | | | | |
| Social Security Number | Date of Birth | Home Phone | HSA Account Identification (Transferring HSA) | Trustee's or Custodian's Phone Number | |
| | | | | | |

| | |
|---|----------------------|
| FORMER SPOUSE INFORMATION <i>This section should be completed if the former spouse is receiving the HSA as a result of a property settlement.</i> | |
| Former Spouse's Name and Address | |
| | |
| Social Security Number | Date of Birth |
| | |
| Phone | |
| | |

| | |
|---|--|
| TRANSFER INSTRUCTIONS | |
| Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part of the HSA identified above in the following manner. | |
| Frequency: <input type="checkbox"/> One-time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____ | |
| Please make a check payable as follows: | |
| _____ as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <small>(Name of Accepting Organization)</small> | |
| of the _____ HSA. <small>(Name of HSA Account Owner)</small> | |
| This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the HSA. | |

| ASSET HANDLING INSTRUCTIONS | | | | | |
|-----------------------------|---------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|
| Asset Description | Quantity Or Amount In HSA | Quantity Or Amount To Be Transferred | Liquidate Immediately | Liquidate At Maturity | Distribute In Kind |
| 1. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|---|--------------------------------|
| SIGNATURE OF HSA ACCOUNT OWNER OR FORMER SPOUSE | |
| I authorize the transfer of the HSA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian. | |
| I understand that I am responsible for determining that this HSA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be held responsible. | |
| _____ <small>(HSA Account Owner or Former Spouse)</small> | _____ <small>(Date)</small> |
| _____ <small>(Notary Public/Signature Guarantee)</small> | _____ <small>(Date)</small> |

| | |
|---|--|
| ACCEPTING HSA TRUSTEE OR CUSTODIAN | |
| Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred. | |
| Account Identification of Accepting HSA _____ | |
| CODE CREDIT UNION 355 WEST MONUMENT AVENUE DAYTON, OH 45402 | |
| _____ <small>(Authorized Signature of New Trustee or Custodian)</small> | |
| _____ <small>(Date)</small> | |