



STERLING HSA™

**HEALTH SAVINGS ACCOUNT
Individual Application**475 - 14TH Street, Suite 120, Oakland, California 94612

Toll Free: 1-800-617-4729 Fax 1-877-517-4729

Website: www.sterlinghsa.com Email: customer.service@sterlinghsa.com**1 INFORMATION ABOUT YOU***Please Print Clearly .All fields are required.*Account
Holder
Name☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

(First Name) (MI) (Last Name)

Mailing
Address

(Address)

Contact
Information

(City) (State) (Zip Code)

(Telephone Number) (Email Address)

Social Security Number

Date of Birth

Driver's License/Passport
*or other Government issued identification.***2 INFORMATION ABOUT YOUR HEALTH INSURANCE***All fields are required*Name of Health
Plan CarrierYour Annual Deductible
*(Please check Single or Family Coverage and
enter the deductible amount you carry)*Effective Date of
Health Plan☐ Single Coverage☐ Family Coverage

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3 YOUR EMPLOYER INFORMATION*Complete only if you are enrolling through your employer*

Name of Your Employer

Employer Contact

(Name)

(Telephone #)

4 INFORMATION ABOUT YOUR SPOUSE*If Applicable.*

Name

Social Security #

Date of Birth

Please do not fax! Original signature with payment must be received to avoid delay in processing your application.



5 INITIAL CONTRIBUTION AND SERVICE FEES. *Please Print Clearly .All fields are required*

6 ADDITIONAL CONTRIBUTIONS. *Complete only if you, the subscriber, will be making additional regular contributions besides your employer's contributions*

7 DEBIT CARD REQUEST.	Optional
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8 BROKER AGENT INFORMATION. *Do not complete if enrolling through your Employer.*

9 ACKNOWLEDGEMENT / CUSTODIAL AGREEMENT	<i>Required</i>
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This Subscriber Application Form, when signed by me and accepted by Sterling Health Services, Inc., acknowledges my receipt of the Sterling Health Services, Inc. Custodial Agreement and my agreement to be bound by the terms and conditions of the Custodial Agreement that may be amended from time to time. I further agree that I will be bound by any conditions or limitations regarding my Custodial Account established by Sterling HSA. By signing this Subscriber Application Form, I consent to the sharing of financial and other information between me and Sterling HSA and among Sterling HSA's various affiliates. I acknowledge that summary information regarding Health Savings Accounts is available for informational purposes at "www.SterlingHSA.com"

(Account Holder's Signature)

(Date)

Please do not fax! Original signature with payment must be received to avoid delay in processing your application.