

HEALTH SAVINGS ACCOUNT INDIVIDUAL APPLICATION

WE MAKE
THE COMPLEX
SIMPLE

Please check box if this application is being submitted for the purpose of establishing a spousal catch-up account for an already existing account. Please provide the number of the main account already established in Sterling: _____

1. INFORMATION ABOUT YOU		
<i>Please print clearly. All fields are required.</i>		
ACCOUNTHOLDER NAME	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	
	First Name	M.I. Last Name
MAILING ADDRESS	Address	
	City	State Zip
	Telephone Number Email Address	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENSE / PASSPORT <i>or other Government issued identification.</i>
		<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other _____

2. INFORMATION ABOUT YOUR SPOUSE		
<i>If applicable.</i>		
NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
<input type="checkbox"/> Male <input type="checkbox"/> Female _____ First Name M.I. _____ _____ Last Name	_____ - _____ - _____	/ /

3. INFORMATION ABOUT YOUR HEALTH INSURANCE

All fields are required.

NAME OF HEALTH PLAN CARRIER	YOUR ANNUAL DEDUCTIBLE <i>(Please check Single or Family Coverage and enter the deductible amount you carry)</i>	EFFECTIVE DATE OF HEALTH PLAN
	<input type="checkbox"/> Single Coverage <input type="checkbox"/> Family Coverage \$ _____	/ /

4. YOUR EMPLOYER INFORMATION

NAME OF YOUR EMPLOYER	EMPLOYER CONTACT
	<hr/> Name Telephone # <hr/> Email Address

5. INITIAL CONTRIBUTION AND SERVICE FEES

Please print clearly. All fields are required.

HSA CONTRIBUTION	<ul style="list-style-type: none"> • Minimum \$100.00 initial contribution • Maximum Annual per IRS guidelines • Maximum "catch up" contributions for age 55+ (in addition to above) 	\$
ACCOUNT SET-UP CHARGE	<ul style="list-style-type: none"> • \$25.00 one-time set up fee 	\$
PLAN SELECTION	Please choose your preferred plan and enter the amount selected: <input type="checkbox"/> Standard Plan \$8.75/Month x 2 months = \$17.50 <input type="checkbox"/> Value Plan \$2.50/Month x 2 months = \$5.00	\$
TOTAL AMOUNT	Amount due to open my account is being: <input type="checkbox"/> Paid by an attached check to Sterling. <input type="checkbox"/> Paid on my Employer's List Bill included with this application. <i>Please note that a minimum \$20 balance must be kept in the account at all times.</i>	\$

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

ADDITIONAL CONTRIBUTIONS	Additional Contribution	Payments are planned:	Method of payment:
	\$ _____	<input type="checkbox"/> Per Pay Period <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Check <input type="checkbox"/> Payroll

7. DEBIT CARD REQUEST*Optional*

<input type="checkbox"/>	By checking the box, please order a Debit Card in my name. One card will be mailed to my address within 10 business days from the date of processing this application.						
<input type="checkbox"/>	By checking the box, please order a Debit Card for my dependent(s) listed below and mail to my address. Additional charges may apply.						
	<hr/> <table> <tr> <td>Name</td> <td>SS#</td> <td>Date of Birth</td> </tr> </table> <hr/> <table> <tr> <td>Name</td> <td>SS#</td> <td>Date of Birth</td> </tr> </table>	Name	SS#	Date of Birth	Name	SS#	Date of Birth
Name	SS#	Date of Birth					
Name	SS#	Date of Birth					

8. BROKER AGENT INFORMATION

<hr/> (Name of Broker)	<hr/> (Broker License Number)	Please enter the name of your Sterling Representative: <hr/>
<hr/> (Phone Number)	<hr/> (Email Address)	

9. ACKNOWLEDGEMENT / CUSTODIAL AGREEMENT*Required*

This Subscriber Application Form, when signed by me and accepted by Sterling, acknowledges my receipt of the Sterling Administrative Agreement and the Custodial Agreement. I agree 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. By signing this Subscriber Application Form, I consent to the sharing of financial and other information between me and Sterling and among Sterling's various affiliates. I acknowledge that summary information regarding Health Savings Accounts is available for informational purposes at "www.sterlingadministration.com".

(Accountholder's Signature)	(Date)
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Please do not fax! Original signature with payment must be received to avoid delay in processing your application.