

Look to The Horizon



## Health Savings Account Application

### Owner Information

Name (First, Middle, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Beneficiary Information

Name & Address Social Security # Birthdate Primary or Contingent % Share

			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

**Spousal Consent Section**

This section should be reviewed if the HSA owner resides in a community or marital property state and he/she is married. Please consult with your legal or tax advisor to determine if this applies to you.

- I am married. I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.
- I am not married. I understand that if I become married in the future, I must complete a new HSA Designation of Beneficiary.

Signature of Spouse: \_\_\_\_\_

**Authorized Signer/Power of Attorney**

Since regulations require that only one individual own a Health Savings Account, the account owner may want a third party through power of attorney to write checks or use his/her debit card. I, the sole owner of an individual or family Health Savings Account through Horizon Bank, do hereby make, constitute and appoint the following named individual as my lawful Attorney-in-fact, with full right, power and authority to obtain account information, deposit, and withdraw funds from my Horizon Health Savings Account.

Name (First, Middle, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Insurance Company and Agent Information**

Agent

Name James A. Taylor Jr.

Address 464 Tyler Drive

Pleasant Hill, IA 50327

Phone # 515-285-4455

**HSA Automatic Transfer Authorization**

I authorize Horizon Bank to direct the following funds transfer into my Horizon Health Savings Account.

Amount to be transferred:   \$\_\_\_\_\_  

Transfer type:  Single (one time only)  
                  ? Recurring (monthly)

Monthly transfer date:  1<sup>st</sup>  
  ? 15<sup>th</sup>  
  ? 25<sup>th</sup>

Effective date: \_\_\_\_\_

From Account: Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**Please attach a voided check.**

This authorization shall remain in effect until terminated in writing. Thirty (30) days notice may be required to discontinue stated funds transfer.

Please check the appropriate boxes regarding an HSA debit card and HSA checks.

- Please order 50 duplicate checks at the cost of \$9.85
- Please order an HSA chequecard (free of charge)

Account holder signature: \_\_\_\_\_

Authorized signer/  
POA signature : \_\_\_\_\_

**HORIZON BANK**  
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