Community State Bank
New Account HSA Application for Individuals

Name _____ SSN _____DOB_____

Street Address _____ Mailing Address _____

City _____ State _____ ZIP _____

How Long Have You Lived there? _____ Phone _____Cell Phone_____

Employer/Occupation _____ Phone # _____

Driver's License # _____ State Issued _____

Issue Date _____ Expiration Date_____
(**Attach copy of driver's license or picture ID. If address does not match above address will need proof of address by obtaining utility bill, credit card bill etc.**)

Nearest Relative _____ Address _____

Phone Number (Nearest Relative) _____

Mothers Maiden Name _____ Bank References _____

E-Mail Address (if applicable) _____

Security Password_____

Additional Authorized Signer (Optional)

Name_____SSN_____

Street Address _____ DOB _____

City _____ State _____ ZIP _____

How Long Have You Lived there? _____ Phone #_____

Employer _____ Phone # _____

Driver's License # _____ State Issued _____

Issue Date _____ Expiration Date_____
(**Attach copy of driver's license or picture ID. If address does not match above will need proof of address by obtaining utility bill, credit payment etc.**)

Mothers Maiden Name _____

E-Mail Address (if applicable)_____

Security Password_____

Designation of Beneficiaries:

Name	Birth Date	Social Security #	Relationship	Primary/ Contingent	%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Attach additional sheet if necessary.

Effective Date of Insurance_____

Married Yes/No (Circle One)

HSA account Options
 (Choose One :)   _____Online Statement   _____Paper Statement _____Check Images $1.50 monthly
If choosing on line statements: Existing Internet customer will need to opt in on internet banking. New customer will need to fill out Internet banking application or can apply on line.

Health Plan Information
 (Choose One:)   _____Individual Health Plan _____Family Health Plan

Other Options:
_____ I would like to order 25 duplicate checks to be used for normal distributions only. (First 25 free)

_____ I would like to order a free Visa Debit Card issued in my name for this HSA to be used for normal distribution only. (If you have elected for additional authorized signer, a second free debit card will automatically be issued.

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Authorization

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I hereby authorize Community State Bank to make any credit, employment, or other inquiry that the Bank determines appropriate for the purpose of opening a new account or for the collection of any amounts that I may owe the Bank. I also acknowledge that Community State Bank can furnish information concerning my accounts to a consumer reporting agency and others who may properly receive that information.

Please furnish any information request by Community State Bank.

_____   _____
Primary Applicant   Authorized Signer