



# Health Savings Account Information Sheet

Welcome to **WESTconsin Credit Union!** Please share the following information to help us open your HSA account.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

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

Employer/Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

*Please bring your driver's license with you to your appointment.*

Single or Family Insurance Plan \_\_\_\_\_

Name or Power of Attorney (POA), *if desired* \_\_\_\_\_

POA Address \_\_\_\_\_

Would you like checks?  Yes  No

Would you like a debit card?  Yes  No      For your POA?  Yes  No

If you wish to name beneficiaries, please provide the following information for each:

Name _____	Name _____
Address _____	Address _____
City, State Zip _____	City, State Zip _____
Social Security Number _____	Social Security Number _____
Date of Birth _____	Date of Birth _____
Relationship to Account Holder _____	Relationship to Account Holder _____
* <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary _____	* <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary _____
Distribution Percentage _____	Distribution Percentage _____

*If needed, use extra sheet for additional beneficiaries.*

\*The primary beneficiary(ies) would receive the balance of your HSA upon your death. The contingent beneficiary would receive the account balance if all the primary beneficiary(ies) predeceases you. You can name more than one person as your primary beneficiary and more than one person as your contingent beneficiary. If you name more than one person, indicate the specific whole-number percentage of your balance to be paid to each beneficiary.