

# FIRST WorkLife™

## Employee Bonus Banking



### Health Savings Accounts (HSA)

A High-Deductible Health Plan (HDHP), often called consumer driven insurance, is a health plan with lower premiums and a high deductible for major services. HDHPs are popular today for the quick savings in health care premiums. In conjunction with a Health Savings Account, a High-Deductible Health Plan allows associates to be more conscious of their medical expenses.

Choosing the HDHP gives you the opportunity to open a personal HSA to make the tax-deductible contributions for eligible medical expenses now and during retirement.

#### HSA Eligibility

HSAs provide much-needed help with current and future medical expenses. However, you must be covered by an HSA-compatible health plan before you or the company can contribute to your account. Note that you cannot be covered under any other medical plan that is not HSA-compatible. This would include being enrolled in your spouse's plan as secondary coverage or contributing to a health care Flexible Spending Account.

Additional requirements include:

- You must not be enrolled in Medicare
- You must not be eligible to be claimed as a dependent on another individual's tax return
- You must be resident of the United States
- If you are a veteran, you may not have received veterans' benefits in the past three months
- You must not be in the active military

#### How an HSA Works

- You deposit money into your HSA on a pre-tax basis.
- You use the HSA to pay for medical expenses that apply towards your deductible and the coinsurance portion of the HDHP.
- You may also use the funds in your account to pay for most medical expenses, such as dental and vision care.
- Any unused money in your HSA rolls over from year to year, so you can accumulate money for future medical expenses.

#### Advantages of an HSA

*Flexibility* – You can use the funds in your account to pay for medical expenses, including expenses that your insurance may not cover, such as:

- Health insurance premiums or qualified medical expenses if you become unemployed
- Medical expenses after retirement (before Medicare)
- Qualified out-of-pocket Medicare expenses
- Long-term care expenses and insurance

*Security* – Your high-deductible insurance and HSA protect you against high or unexpected medical bills.

*Savings* – You can save the money in your account for future medical expenses and grow your account through tax-free investment earnings.



Another step on the path to success

**FIRST**  
first financial bank

## Advantages of an HSA cont.

*Control* – You make all the decisions about:

- How much money to put into the account up to the annual maximum or the IRS limits
- Whether to save for future expenses or pay current expenses
- Which qualified medical expenses to pay from the account

*Portability* – Unlike your Flexible Spending Account (FSA), the funds in your HSA are available to you, even if you:

- Change jobs
- Change your medical coverage
- Become unemployed
- Move to another state
- Change your marital status

*Ownership* – Funds remain in the account from year to year. There are no “use it or lose it” rules for HSAs

*Tax Savings* –

- Tax deductions when you contribute
- Tax-free withdrawals for qualified medical expenses
- Tax-free earnings through investments

## Funding your HSA

The money you contribute to your HSA is always tax-free. Just like your FSA or 401(k), the amount you contribute to your HSA will reduce your taxable income. But unlike an FSA, your HSA contributions will never be lost, even if you don't use them next year.

## How to Use your HSA

- Present your HDHP medical plan ID card to your medical provider
- Do not pay for any medical services at the time of the visit (except prescription drugs)
- Your medical provider will bill your medical plan provider for services
- You will receive an Explanation of Benefits (EOB) showing what is owed to the provider
- Pay your medical provider's invoice up to the amount shown on the EOB, using your HSA debit card or by check
- When you pay for medical expenses out of your pocket, you may reimburse yourself from your HSA, but be sure to keep the records to document the reimbursement.

To determine the amount you may want to contribute to your HSA:

- Estimate what your annual medical expenses might be. Write down the type and number of medical services. To estimate the actual cost, your medical plan provider internet site may provide some insight. Keep in mind, if you contribute more than you spend next year, any unused balance carries forward to the next year.
- You may only spend money from your HSA if funds are available in the account.

---

Contact your WorkLife representative to sign up today! We're here to help you succeed.



Revised 10/2014



## WORKLife HEALTH SAVINGS ACCOUNT Application

**Important Account Opening Information:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

W2 HSA # \_\_\_\_\_

<b>Applicant Information</b>		
Name (First, Middle, Last)		SSN
DOB	Primary Contact Number	Secondary Contact Number
Address (Street, City, State, Zip)		
Identification (Number, Issue Date, Expiration Date, State)		Secondary ID (if required)
Employer & Occupation:		Type of Health Insurance Coverage: <input type="checkbox"/> Self <input type="checkbox"/> Family

### ACCOUNT STATEMENTS

By providing your email address below, you consent to receive communications and information from the Bank in electronic rather than paper format, including but not limited to all account statements, records, notices, and other information including any changes, additions, or deletions to the terms of your Deposit Account Agreement.

This consent to receive electronic communications is valid only for the account you are applying for at this time. You also agree to provide us with any changes in your contact information. You may view your account information at any time by visiting: [www.bankatfirst.com](http://www.bankatfirst.com). You have the right to opt-out of electronic statements and receive them on paper. You are able to change your preference to receive paper statements when you login to [www.bankatfirst.com](http://www.bankatfirst.com) online banking or you should contact one of our convenient banking centers; provide your account information, and request to opt-out of receipt of electronic statements.

I understand that in order to begin receiving electronic statements, it is my responsibility to enroll in Online Banking at [www.bankatfirst.com](http://www.bankatfirst.com) and elect to receive E-Statements.

E-Mail Address: \_\_\_\_\_

### Online Banking Log-In Information:

Please select a login ID between 4-25 characters. It may contain a combination of letters and numbers, but may not contain spaces.

Desired Login ID: \_\_\_\_\_ If the desired login ID is unavailable provide secondary ID: \_\_\_\_\_

### Backup Withholding Certifications (If not a "U.S. Person", certify foreign status separately.)

- Taxpayer ID Number (TIN) – The number shown above is my correct taxpayer identification number.
- Backup Withholding – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service has not notified me that I am no longer subject to backup withholding.

Exempt Recipients – I am an exempt recipient under the Internal Revenue Service Regulations.

By signing below, I certify under penalties and perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

I acknowledge and agree to the terms of this document as well as Privacy Notice. I further agree to the Account Terms and Conditions and to each of the following disclosures: Privacy, Truth in Savings, Electronic Funds Transfers, Funds Availability Policy, and Substitute Checks and Your Rights; copies of which will be delivered to me within 7 business days of executing the application documents.

I further certify that the information above is complete and accurate.

Signature	Date
-----------	------

Check Order—Free checks with our WORKLife program	Debit Card
<p><i>This application is for the initial box of First Financial WorkLife checks only. You can order additional checks at no additional cost by calling our Client Service Center at 1-877-322-9530.</i></p> <p><input type="checkbox"/> No Checks, or if opening a joint account</p>	<p><i>When you open a Checking Account with First Financial, you are eligible to receive a VISA Check Card. You should receive your card and PIN within 10 business days of opening your account. Refer to the Electronic Fund Transfer Disclosure for more information on your Card.</i></p>

<b>For Bank Use Only</b>		
Employer Number: _____	Sales Center Location Cost Center: _____	
First position Officer Code: _____	Second position officer code: _____	Third position officer code: _____

# Health Savings Account (HSA) Application

First Financial Bank  
 Downtown Columbus BC  
 125 Third St  
 Columbus, IN 47201-0000  
 (812) 372-0111

## 1 HSA OWNER INFORMATION

(Custodian's/Trustee's name, address, and phone number above)

NAME, ADDRESS, CITY, STATE, AND ZIP		HSA ACCOUNT (PLAN) NUMBER
		SOCIAL SECURITY NUMBER
DAYTIME PHONE NUMBER	E-MAIL (OPTIONAL)	DATE OF BIRTH
TYPE OF HEALTH INSURANCE PLAN COVERAGE: <input type="checkbox"/> Self-Only <input type="checkbox"/> Family		

## 2 CONTRIBUTION INFORMATION (See Additional Information included with the form.)

INVESTMENT NUMBER	AMOUNT	CONTRIBUTION DATE	TAX YEAR
	\$		
THIS ACCOUNT IS A: <input type="checkbox"/> Deposit Investment Only <input type="checkbox"/> Self-Directed HSA Investment <input type="checkbox"/> Managed Trust			
CONTRIBUTION TYPE: <input type="checkbox"/> Regular (including Catch-Up) <input type="checkbox"/> Rollover from an Archer MSA			
<input type="checkbox"/> Rollover from an HSA <input type="checkbox"/> Transfer from an Archer MSA			
<input type="checkbox"/> Transfer from an HSA <input type="checkbox"/> Return of Mistaken Distribution			
<input type="checkbox"/> Contribution from an IRA <input type="checkbox"/> Original Distribution Date(s) _____			

## 3 DESIGNATION OF BENEFICIARY (See Additional Information included with the form.)

At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary. A designation of a beneficiary's primary or contingent classification is generally made by entering a percentage in one of the two columns to the left of the name. In the event a beneficiary is named as both a primary and contingent beneficiary, or if a beneficiary is not assigned to a beneficiary classification, such beneficiary shall be a primary beneficiary. If no percentages are assigned to beneficiaries, or if the percentage total for any beneficiary classification exceeds 100 percent, the beneficiaries in that beneficiary classification will share equally. If the percentage total for each beneficiary classification is less than 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. If all of the beneficiaries die before me, or if none are designated, my HSA assets will be paid to my estate. This designation revokes and supercedes all earlier beneficiary designations which may apply to this HSA.

PRIMARY SHARE	CONTINGENT SHARE	NAME OF BENEFICIARY	SSN OR TIN	RELATIONSHIP TO HSA OWNER	DATE OF BIRTH	ADDRESS, CITY, STATE, AND ZIP
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
Total 100%	Total 100%					

## 4 SPOUSAL CONSENT

Community or marital property state laws may require spousal consent for a nonspouse beneficiary designation. The laws of the state in which the financial organization is domiciled, the HSA owner resides, the trust is located, the spouse resides, or this transaction is consummated should be reviewed to determine if such a requirement exists. Spousal consent for the beneficiary designation may also be required by financial organization policy.

(HSA Owner Initials) I Am Married. I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by signing below.

(HSA Owner Initials) I Am Not Married. I understand that if I marry in the future, I must complete a new Designation of Beneficiary form, which includes the spousal consent documentation.

I am the spouse of the HSA owner. Because of the significant consequences associated with giving up my interest in the HSA, the custodian has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the HSA owner's assets or property, including any financial obligations for a community property state. In the event I have a legal interest in the HSA assets, I hereby give to the HSA owner such interest in the assets held in this HSA and consent to the beneficiary designation set forth in this Application.

Signature of Spouse

Date

Signature of Witness (if required)

Date

(Witness cannot be a beneficiary of this HSA)

## 5 SIGNATURES

If this HSA is being established with a regular contribution, I am an eligible individual, covered by a qualified high deductible health plan (HDHP), and not covered by a health plan other than an HDHP that provides any of the same benefits as an HDHP. I certify that the information provided by me on this Application is accurate, and that I have received a copy of the Application, IRS Form 5305-C, *Health Savings Custodial Account*, and Disclosure Statement. I agree to be bound by the terms and conditions found in the Application, Health Savings Custodial Account, Disclosure Statement, and amendments thereto. I assume sole responsibility for all consequences relating to my actions concerning this HSA. I understand that the custodian cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

Signature of HSA Owner

Date

Signature of Custodian

Date



**WORKLife HEALTH SAVINGS ACCOUNT Application**

**Important Account Opening Information:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

W2 HSA # \_\_\_\_\_

**AUTHORIZED SIGNER**

<b>Applicant Information</b>		
Name (First, Middle, Last)		SSN
DOB	Primary Contact Number	Secondary Contact Number
Address (Street, City, State, Zip)		
Identification (Number, Issue Date, Expiration Date, State)		Secondary ID (if required)
Employer & Occupation:		Type of Health Insurance Coverage: <input type="checkbox"/> Self <input type="checkbox"/> Family

**ACCOUNT STATEMENTS**

By providing your email address below, you consent to receive communications and information from the Bank in electronic rather than paper format, including but not limited to all account statements, records, notices, and other information including any changes, additions, or deletions to the terms of your Deposit Account Agreement.

This consent to receive electronic communications is valid only for the account you are applying for at this time. You also agree to provide us with any changes in your contact information. You may view your account information at any time by visiting: [www.bankatfirst.com](http://www.bankatfirst.com). You have the right to opt-out of electronic statements and receive them on paper. You are able to change your preference to receive paper statements when you login to [www.bankatfirst.com](http://www.bankatfirst.com) online banking or you should contact one of our convenient banking centers; provide your account information, and request to opt-out of receipt of electronic statements.

I understand that in order to begin receiving electronic statements, it is my responsibility to enroll in Online Banking at [www.bankatfirst.com](http://www.bankatfirst.com) and elect to receive E-Statements.

E-Mail Address: \_\_\_\_\_

<p><b>Online Banking Log-In Information:</b></p> <p>Please select a login ID between 4-25 characters. It may contain a combination of letters and numbers, but may not contain spaces.</p> <p>Desired Login ID: _____ If the desired login ID is unavailable provide secondary ID: _____</p>
--

**Backup Withholding Certifications (If not a "U.S. Person", certify foreign status separately.)**

- Taxpayer ID Number (TIN) – The number shown above is my correct taxpayer identification number.
- Backup Withholding – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service has not notified me that I am no longer subject to backup withholding.

**Exempt Recipients** – I am an exempt recipient under the Internal Revenue Service Regulations.

By signing below, I certify under penalties and perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

I acknowledge and agree to the terms of this document as well as Privacy Notice. I further agree to the Account Terms and Conditions and to each of the following disclosures: Privacy, Truth in Savings, Electronic Funds Transfers, Funds Availability Policy, and Substitute Checks and Your Rights; copies of which will be delivered to me within 7 business days of executing the application documents.

I further certify that the information above is complete and accurate.

OWNERS SIGNATURE X

Signature

Date

X AUTHORIZED SIGNER SIGNATURE

Check Order—Free checks with our WORKLife program

Debit Card

This application is for the initial box of First Financial WorkLife checks only. You can order additional checks at no additional cost by calling our Client Service Center at 1-877-322-9530.

No Checks, or if opening a joint account

When you open a Checking Account with First Financial, you are eligible to receive a VISA Check Card. You should receive your card and PIN within 10 business days of opening your account. Refer to the Electronic Fund Transfer Disclosure for more information on your Card.

**For Bank Use Only**

Employer Number: \_\_\_\_\_

Sales Center Location Cost Center: \_\_\_\_\_

First position Officer Code: \_\_\_\_\_

Second position officer code: \_\_\_\_\_

Third position officer code: \_\_\_\_\_

**first**

first financial bank

Another step on the  
path to success

Linda L. Clark- AVP  
Client Service Advisor III  
NMLS#782792

[linda.clark@bankatfirst.com](mailto:linda.clark@bankatfirst.com)  
[www.bankatfirst.com](http://www.bankatfirst.com)

DOWNTOWN COLUMBUS  
125 Third Street  
Columbus, IN 47201  
812.376.1620 (Office)

# CITY OF COLUMBUS EMPLOYEES HSA DEDUCTION AUTHORIZATION

FOR COMPANY USE ONLY

Effective Date: \_\_\_\_\_

Approval: \_\_\_\_\_

PLEASE PRINT ALL INFORMATION AND SIGN FORM.

## Enrollment

Please note if you are a new enrollee, you must also complete the Health Enrollment form and the Bank Enrollment/Beneficiary Form.

## About You

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

I hereby authorize the City of Columbus to deduct \_\_\_\_\_ pretaxed per payroll to be deposited into my First Financial Bank HSA Account effective \_\_\_\_\_ until canceled by either City of Columbus or me. I understand the eligibility requirements for the HSA account and I state that I do qualify to make deposits.

## Please Sign This Authorization Form

I assume complete responsibility for:

- Determining that I am eligible for an HSA each year a contribution is made to my account by City of Columbus or myself.
- Insuring that all contributions made are within the limits set forth by the tax laws.
- The tax consequences of any contribution (including rollover contributions) and distributions.

SIGN HERE X \_\_\_\_\_ DATE \_\_\_\_\_