

**Instructions:** Complete and return to SelfcareHSA.

- Include copy of your identification
- All fields marked with \* are required
- Register following Welcome email instructions
- Fund account from SelfcareHSA portal (or see section below)

[Support@SelfcareHSA.com](mailto:Support@SelfcareHSA.com)

Fax: 208-938-4556

SelfcareHSA, 5660 E Franklin Rd Ste 301, Nampa ID 83687

Call: 866-HSA-SELF (866-472-7353)

<b>Client Information</b>			
First Name*	Middle Initial	Last Name*	
Social Security Number*	Date of Birth*	Email*	
Home Phone	Cell Phone*	Employer (if employer sponsored)	
Physical Address*	City*	State*	Zip*
Mailing Address	City	State	Zip
Health Insurance Plan*: <input type="checkbox"/> Single <input type="checkbox"/> Family			
<b>Initial Contribution Information *Not required</b>			
Amount	Tax Year	<input type="checkbox"/> Regular Contribution <input type="checkbox"/> Transfer from HSA <input type="checkbox"/> Rollover from HSA <input type="checkbox"/> Contribution from IRA <input type="checkbox"/> Rollover from Archer MSA <input type="checkbox"/> Transfer from Archer MSA	
<b>Signature</b>			
<p>If this HSA is being established with a regular contribution, I am an eligible individual, covered by a qualified high deductible health plan (QHDHP), and not covered by a health plan other than a QHDHP that provides any of the same benefits as a QHDHP. 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, or IRS Form 5305-B, Health Savings Trust Account, agreement and Disclosure Statement. I agree to be bound by the terms and conditions found in the Application, Agreement, Disclosure Statement, and amendments thereto. Except as otherwise provided by law, I assume sole responsibility for all consequences relating to my actions concerning this HSA. I understand that the custodian/trustee 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.</p>			
Signature*		Date:	