



# HEALTH SAVINGS ACCOUNT APPLICATION AND ELIGIBILITY FORM

Please fill in all boxes (MM DD YYYY)

## Personal Information

Social Security #

Birth Date

First Name

MI

Last Name

Street Address (Required)

PO Box

City

State   Zip

Preferred Mailing Method  Street Address  PO Box

Home #

Bus. #

## Form of Identification

State Abbreviation

Driver's License  State ID

ID#

Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Marital Status \_\_\_\_\_

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

## HSA Account Options

I would like to order 150 non-duplicate checks at a cost of \$14.45.

I would like a free debit HSA MasterCard issued in my name for my account.

## Type of Initial Deposit – Check one

Current Year Contribution \$ \_\_\_\_\_

Please indicate year

Prior Year Contribution \$ \_\_\_\_\_

Please indicate year

HSA Transfer  
(Please attach HSA transfer request form)

Where did you hear about Delta Trust & Bank?

Google  Website  Friend  Other



