



HSA Agreement

For Bank Use Only

Customer Full Name:	
Account #:	
Doc Date:	SCAN Information

Lake City Bank opens accounts in our market area only, which includes Indiana counties of Allen, DeKalb, Elkhart, Fulton, Hamilton, Huntington, Johnson, Kosciusko, LaGrange, Marion, Marshall, Noble, Pulaski, St. Joseph, Whitley and any of their contiguous counties. However, Lake City Bank reserves the right to make exceptions to this policy based on the individual situation.

Name	Social Security Number	Date of Birth	Gender
Address	City, State, Zip		
Home Phone	Business Phone		
Type of Initial Deposit	Amount	Contribution Year	

ELIGIBILITY REQUIREMENTS for HSA:

Account holder certification – I certify that: (1) I am covered by a qualified High Deductible Health Plan (HDHP), (2) I certify that I am not covered by a health plan, other than HDHP, which provides any of the same benefits as the HDHP, (3) I am not enrolled in Medicare, and (4) I may not be claimed as a dependent on another person’s tax return. If you answered NO to any of the above, you are NOT eligible to establish a qualified HSA.

Participant Health Plan Information: SELECT ONLY ONE	Individual Health Plan Deductible	Family Health Plan Deductible
Health Insurance Company:	Effective Date:	

2019 Contribution

Maximum yearly contribution for individuals is \$3,500. Maximum yearly contribution for a family is \$7,000. The catch-up contribution for individuals over the age of 55 is \$1,000 for 2019. You may contribute the maximum amount as long as you have coverage in the last month of the year. If an individual does not stay in the HSA compatible plan for 12 months following the last month of the year of the 1st year of eligibility, the amount which could not have been contributed except for this provision will be included in income and subject to a 20 percent additional tax.

HEALTH SAVINGS ACCOUNT ADOPTION AGREEMENT

This Application, when signed by me and accepted by Lake City Bank, as Custodian, constitutes my adoption of the Lake City Bank Health Savings Account Custodial Agreement (the “Custodial Agreement”) and my acceptance of the terms thereof.

By signing this Application, I acknowledge:

- 1.) I authorize Lake City Bank to automatically charge my account a paper statement fee if I do not receive my statement electronically. As of 1/1/2019, the Health Savings Account paper statement fee is \$6.00. There is no charge for receiving an eStatement.
- 2.) That my HSA has been established for the purpose of paying qualified medical expenses, and if distributions are not used for this purpose, I may be subject to ordinary income taxes and penalties, which I must report to the IRS.
- 3.) That no loans may be taken from my HSA and no portion of my HSA may be used as security or collateral for a loan.
- 4.) I am responsible for reporting my HSA and that Lake City Bank has no duty to determine the investment, tax, or other consequences resulting from my actions involving my HSA.
- 5.) That Lake City Bank is not an insurance company who offers the high deductible insurance plans.
- 6.) I will receive a copy of the HSA Custodial Agreement and Disclosure Statement in my New Account documentation.
- 7.) All fees are non-refundable.

