

Alliance Benefit Group

Health Savings Account

Enrollment Packet

Instructions: This packet contains the following:

- Health Savings Account Custodial Agreement
- Disclosure Statement
- Health Savings Account Record Keeping Agreement
- Health Savings Account Enrollment Form
- Employee Authorization Agreement for Direct Deposit

Please read all the information thoroughly.

Alliance Benefit Group Health Savings Account Agreement

Health Savings Custodial Account **(Under section 223(a) of the Internal Revenue Code)**

The Account Owner named at the end of this document is establishing a Health Savings Account ("Account") under Code Section 223, as amended, naming Charles Schwab Trust Company, as the Custodian. The HSA is exclusively for the purpose of paying or reimbursing qualified medical expenses of the account owner, his or her spouse, and dependents.

The Account Owner represents that, unless this HSA is used solely to make rollover contributions, the Account Owner is eligible to contribute to this Account; specifically, that the Account Owner: (1) is covered under a high deductible health plan (HDHP); (2) is not also covered by any other health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage); (3) is not enrolled in Medicare; and (4) cannot be claimed as a dependent on another person's tax return.

The Account Owner and the Custodian make the following agreement:

Article I

1.1 The custodian will accept additional cash contributions for the tax year made by the account owner or on behalf of the Account Owner (by an employer, family member or any other person). The total cash contributions are limited to the amount allowed under Section 223(d) of the Code for the tax year unless the contribution is a rollover contribution described in Section 223(d) of the Code.

1.2 Contributions for any tax year may be made at any time before the deadline for filing the Account Owner's federal income tax return for that year (without extensions).

Article II

2.1 The maximum annual contribution limit for an Account Owner with single coverage for calendar year 2009 \$3,000. For calendar year 2009, the maximum annual contribution limit for an account owner with family coverage is \$5,950. These limits are subject to cost-of-living adjustments after 2009. Eligibility and contribution limits are determined on a month-to-month basis.

2.2 An additional \$1,000 catch-up contribution may be made for calendar year 2009, on behalf of an Account Owner who is at least age 55 or older and not enrolled in Medicare.

2.3 Contributions in excess of the maximum annual contribution limit are subject to an excise tax. However, the catch-up contributions are not subject to an excise tax.

Article III

The Account Owner is responsible for determining whether contributions to this HSA have exceeded the maximum annual contribution limit described in Article II. If contributions to this HSA exceed the maximum annual contribution limit, the Account Owner will notify the custodian that HSA contains excess contributions to the HSA. It is the responsibility of the Account Owner to request the withdrawal of the excess contribution and any net income attributable to such excess contribution.

Article IV

The interest of the Account Owner in the balance in this custodial account is nonforfeitable.

Article V

5.1 No part of the custodial funds in this account may be invested in life insurance contracts or in collectibles as defined in section 408(m).

5.2 The assets of this account may not be commingled with other property except in a common trust fund or common investment fund.

5.3 Neither the Account Owner nor the custodian will engage in any prohibited transaction with respect to this account (such as borrowing or pledging the HSA or engaging in any other prohibited transaction as defined in section 4975).

Article VI

6.1 The custodian will distribute funds from this HSA upon the direction of the Account Owner.

6.2 Distributions from this HSA that are used exclusively to pay or reimburse qualified medical expenses of the account owner, his or her spouse, or dependents are tax-free. However, distributions that are not used for qualified medical expenses are included in the account owner's gross income and are subject to an additional 10 percent tax on that amount. The additional 10 percent tax does not apply if the distribution is made after the Account owner dies, becomes disabled, or attains age 65.

6.3 The custodian is not required to, and will not determine whether a distribution is for the payment or reimbursement of qualified medical expenses. The Account Owner is solely responsible for substantiating that the distribution is for qualified medical expenses and must maintain records sufficient to show, if required, that the distribution is tax-free.

Article VII

If the account owner dies before the entire interest in the account is distributed, the entire account will be disposed of as follows:

7.1 If the beneficiary is the spouse of the Account Owner, the HSA will become the spouse's HSA as of the date of death.

7.2 If the beneficiary is other than the spouse of the Account Owner, the HSA will cease to be an HSA as of the date of death. If the beneficiary is the estate of the Account Owner, the fair market value of the account as of the date of death is taxable on the final return of the Account Owner. For other beneficiaries, the fair market value of the account is taxable to that person in the tax year that includes such date.

Article VIII

8.1 The Account Owner will provide the custodian, in a form acceptable to the custodian, with information necessary for the custodian to prepare any report or return required by the IRS.

8.2 The custodian will prepare and submit any report or return as prescribed by the IRS.

8.3 The custodian will withhold from any distribution from the HSA, the amount of federal withholding tax required by applicable provisions of the Code.

8.4 The custodian will not have any duty to determine the tax treatment of any withdrawal from the HSA.

Article IX

Notwithstanding any other article that may be added or incorporated in this agreement, the provisions of Articles I through VIII and this sentence are controlling. Any additional article in this agreement that is inconsistent with section 223 or IRS published guidance will be void.

Article X

10.1 The custodian has the right to amend or modify this agreement at any time, including, but not limited to, amendments required to maintain compliance with the requirements of the Code. The custodian will provide written notice to the Account Owner of any such amendments.

10.2 This HSA agreement has not been approved by the Internal Revenue Service. This Agreement has been drafted with the intention that it complies with the provisions of Code Section 223 and any corresponding regulations. The adoption of this HSA, its qualification by the IRS, and the related tax consequences are the responsibility of the Account Owner and the tax and legal advisors of the Account Owner.

Article XI

11.1 The custodian will maintain this HSA in a common custodial fund.

11.2 The custodian will invest the HSA in the MetLife Stable Value Fund until the Account Owner redirects the funds. The custodian will invest the HSA in the investment funds permitted by the custodian as selected by the Account Owner on the website designated by the custodian.

11.3 The Custodian will have no duty other than to follow the written investment directions of the Account Owner, and will be under no duty to question said instructions and will not be liable for any investment losses or tax consequences sustained by the Account Owner.

Article XII

12.1 The Account Owner may designate one or more beneficiaries on the form provided by custodian, to receive the balance in the HSA upon the death of the Account Owner. If the Account Owner does not designate any beneficiary (ies), or if all the named beneficiaries predecease the Account Owner, the surviving spouse of the Account Owner, or if there is no surviving spouse, the estate of the Account Owner will be the beneficiary of the HSA of the Account Owner.

Article XIII

13.1 The custodian will have the following rights and authority in addition to those stated elsewhere or granted by law:

13.1.1 To pay any tax attributable to any asset of the HSA or any benefit or distribution from the HSA. The custodian may require a release or other similar documents from the applicable taxing authority prior to releasing any asset or distribution from the HSA;

13.1.2 To perform any and all acts which custodian determines, in its sole discretion, is necessary for the proper management of the HSA; and

13.1.3 Employ agents and counsel.

13.2 The custodian may resign at any time upon thirty days prior written notice to the Account Owner and will turn over to the successor custodian or trustee all assets, minus expenses, and records of the HSA. The custodian will not be liable for the acts or omissions of any successor custodian or trustee.

13.3 The custodian will have the right and authority to deduct the fees in its current published fee schedule and any brokerage commissions attributable to the assets in the HSA of the Account Owner from the HSA. The custodian may replace its fee schedule at any time, upon thirty days prior written notice to Account Owner.

Article XIV

The Account Owner will have the following duties, rights and responsibilities:

14.1 The Account Owner will notify the custodian, in writing, of any change of address.

14.2 The Account Owner will pay the custodian the fees in its current published fee schedule. The Account Owner will pay the custodian's fees and other expense incurred in performing its duties related to this HSA, including, but not limited

to, brokerage and other costs incurred in carrying out the investment directions of the Account Owner. The custodian may charge its fees against the assets of the HSA and be paid from these assets.

14.3 The Account Owner will have the right to terminate this HSA at any time by giving 30 days written notice to the custodian.

14.4 The Account Owner will have the right to remove the custodian at any time by giving 30 days written notice to the custodian. The Account Owner will then appoint a successor custodian or trustee. As soon as is practicable following written notice of this appointment, the Custodian will transfer all assets and records of the HSA to the successor trustee or custodian. The Custodian, however, may retain a portion of the assets of the HSA as a reserve for payment of anticipated remaining fees and expenses, and will pay over any remainder of this reserve to the successor custodian or trustee upon satisfaction of these fees and expenses.

Article XV

15.1 The assets of this HSA will be valued at least annually.

15.2 Any notice under this Agreement will be effective when sent by first class mail to the address in the records of the custodian, or, if to the custodian at its business address.

15.3 All terms and provisions contained in this Agreement will be interpreted to comply with Code Section 223 and any corresponding regulations.

15.4 This Agreement will be governed by the laws of the State of Minnesota, to the extent not preempted by any federal law.

15.5 The Account Owner has received and read the "Disclosure Statement" relating to this Account and the Agreement under which the Account is maintained.

15.6 Neither the Account Owner nor the surviving spouse of the Account Owner will have any right to pledge or in any way create a lien on any part of the assets of this HSA and these assets may not be attached or otherwise affected by the creditors or the Account Owner.

Article XVI

16.1 "Account Owner" means the person who executes this Agreement and for whose benefit this Health Savings Account is being established.

16.2 "Agreement" means this Health Savings Account Custodial Agreement, as amended from time to time.

16.3 "Beneficiary" means the beneficiary or beneficiaries named by the Account Owner to receive the funds in the Health Savings Account remaining upon the Account Owner's death.

16.4 "Code" means the Internal Revenue Code of 1986, as amended from time to time, and any corresponding regulations.

16.5 "Custodian" means the Charles Schwab Trust Company or its designated agent.

16.6 "Custodial Fund" or "Fund" means the fund maintained consistent with the terms of this Agreement.

16.7 "Health Savings Account" or "HSA" means a health savings account within the meaning of Code Section 223. THIS HSA ACCOUNT MAY INCLUDE UNINVESTED CASH CONTRIBUTIONS FOR WHICH NO EARNINGS WILL BE RECEIVED.

DISCLOSURE STATEMENT

Right to Revoke

If, within seven days from the date you sign the written agreement establishing your Health Savings Account (HSA), you decide for any reason that you do not wish to establish the HSA, then you may revoke your HSA by notifying Alliance Benefit Group North Central States, Inc. in writing of your revocation. The written notice must either be delivered in person or mailed within the seven-day period to the following address:

Alliance Benefit Group North Central States, Inc.
201 East Clark Street
P.O. Box 1206
Albert Lea, MN 56007-1206

If you choose to mail the notice of revocation, the date of the postmark will be considered the date of mailing, unless the notice is sent by certified or registered mail, in which case the date of certification or registration will be considered the date mailed. The notice must be mailed from within the United States in an envelope or other appropriate wrapper, postage prepaid, properly addressed, and sent by first class, certified, or registered mail.

If you elect to revoke your HSA, you are entitled to receive a refund of the entire amount paid into the account without any adjustment or penalty.

If, during the seven-day period in which you are entitled to revoke your account, a material adverse change in the information set forth in this disclosure statement or in the agreement establishing your HSA becomes effective, you will be

notified of that change and a new seven-day period during which you may revoke will begin on the date you receive notice of such changes.

Please note that the Disclosure Statement is a summary and should be read in conjunction with the Health Savings Account Custodial Agreement. In the event of any conflict, the provisions of the Agreement will prevail. In addition, your tax advisor should be consulted regarding the tax effects of an HSA.

The following is a general explanation of the laws and regulation governing health savings accounts. You may refer to the Internal Revenue Code or a competent tax advisor for more detailed information.

REQUIREMENTS OF A HEALTH SAVINGS ACCOUNT (“HSA”)

- A. CASH CONTRIBUTIONS - Your contribution must be in cash, unless it is a rollover contribution.
- B. MAXIMUM CONTRIBUTION – The maximum amount of contributions in any one-year that can be made is \$3,000 for single coverage, and \$5,950 for family coverage (subject to increase for inflation in future years).
- C. NON-FORFEITABILITY – Your interest in your HSA is always non-forfeitable.
- D. ELIGIBLE CUSTODIANS – The Custodian of your HSA must be a bank, as defined in Section 408(n) of the Code, insurance company, as defined in Section 816 of the Code, or other person who has the approval of the Secretary of the Treasury to act as Custodian.
- E. COMMINGLING ASSETS – The assets of your HSA cannot be commingled with other property except in a common trust fund or common investment fund.
- F. LIFE INSURANCE – No portion of your HSA may be invested in life insurance contracts.

INCOME TAX CONSEQUENCES OF ESTABLISHING AN HSA

- A. HSA DEDUCTIBILITY – If you or your employer establishes a high deductible health plan, you may be eligible to establish an HSA. Both you and your employer can make contributions to your HSA. Amounts contributed to your HSA are excluded from tax unless they exceed the maximum contribution limits described above.
- B. TAX-DEFERRED EARNINGS – The investment earnings of your HSA are not subject to federal income tax until distributions are made (or, in certain instances, when distributions are deemed to be made).
- C. TAXATION OF DISTRIBUTIONS – The taxation of HSA distributions depends on whether the distribution is for a qualifying medical expense. Generally, distributions paid due to qualifying medical expenses are excluded from your gross income. Qualifying medical expenses are amounts you pay for medical care (as defined in Section 213(d)) of the Code for yourself, your spouse and your dependents (as defined in Section 152 of the Code), but only to the extent that such amounts are not compensated for by insurance or otherwise. Distributions made for purposes other than qualifying medical expenses are included in your gross income (or, in the event of your death, gross income of your designated beneficiary unless your designated beneficiary is your spouse).
If you receive a distribution that is included in your gross income, you are subject to an additional tax of 10%. This additional 10% tax shall not apply if you have attained age 65 (or, if different, the age specified under section 1811 of the Social Security Act).
- D. ROLLOVERS – Your HSA may be rolled over to another HSA of yours, or your HSA account with us may receive rollover contributions, provided that all of the applicable rollover rules are followed. Rollover is a term used to describe a tax-free movement of cash or other property between any of your HSAs. The rollover rules are generally summarized below. These transactions are often complex. If you have any questions regarding a rollover, please see a competent tax advisor. Funds distributed from your HSA may be rolled over to an HSA of yours if the requirements of Section 223(f)(5) of the Code are met. A proper HSA to HSA rollover is completed if all or part of the distribution is rolled over not later than 60 days after the distribution is received. Further, you may roll over the same dollars or assets only once every 12 months.
Written Election – At the time you make a proper rollover to an HSA with us, you must designate to the Custodian, in writing, your election to treat that contribution as a rollover. Once made, the rollover election is irrevocable.
Rollovers from a qualified medical savings account to an HSA account are permitted if made in accordance with the applicable rollover laws and regulations for medical savings accounts.
- E. CARRYBACK CONTRIBUTIONS - A contribution is deemed to have been made on the last day of the preceding taxable year if you make a contribution by the deadline for filing your income tax return (not including extensions), and you designate the contribution as a contribution for the preceding taxable year. For example, if you are a calendar year taxpayer and you make your HSA contribution on or before April 15, your contribution is considered to have been made for the previous tax year if you designated it as such.
- F. BENEFICIARY ISSUES – If you die and your beneficiary is your spouse, your HSA shall become your spouse’s HSA as of the date of your death. If your beneficiary is not your spouse, the value of your HSA on your date of death will be taxable to your beneficiary in the year you die.

LIMITATIONS AND RESTRICTIONS

- A. DEDUCTION OF ROLLOVERS AND TRANSFERS - A deduction is not allowed for rollover or transfer contributions.

B. SPECIAL TAX TREATMENT – Capital gains treatment and the favorable five or ten-year forward averaging tax authorized by IRC Section 402 does not apply to HSA distributions.

C. PROHIBITED TRANSACTIONS – If you or your beneficiary engages in a prohibited transaction with your HSA, as described in IRC Section 4975, your HSA will lose its tax-exempt status and you must include the value of your account in your gross income for the taxable year.

D. PLEDGING – If you pledge any portion of your HSA as collateral for a loan, the amount so pledged will be treated as a distribution and will be included in your gross income for that year.

FEDERAL TAX PENALTIES

A. EARLY DISTRIBUTION PENALTY - If you are under age 65 and receive an HSA distribution, an additional tax of 10% will apply unless the distribution is for a qualifying medical expense. This additional tax will apply only to the portion of a distribution which is includable in your income.

B. EXCESS CONTRIBUTION PENALTY – An excise tax of 6% is imposed upon any excess contribution you make to your HSA. This tax will apply each year in which an excess remains in your HSA. An excess contribution is any contribution amount that exceeds your contribution limit, excluding rollover and direct amounts.

Health Savings Account Record Keeping Agreement

Terms

I agree to the following terms and fees:

1. I appoint Alliance Benefit Group North Central States (ABGNCS) as record keeper for my Health Savings Account (“HSA”) of which Charles Schwab Trust Company (CSTC) is the custodian. I agree to the following fees:

One Time Set-Up Fee	\$20.00 if paper or \$10.00 if electronic file is supplied by Employer
Monthly Administration Fees:	
Spender Account Design	\$4.50
Saver Account Design	\$6.00
Additional Debit Card	\$5.00 (one time fee)
Stop Payment	\$25.00
Debit Card Replacement Fee (if lost)	\$5.00

I recognize that my employer may pay some or all of these fees, but that I am ultimately responsible for payment of all prevailing fees. To the extent my employer does not pay fees associated with my HSA, I authorize ABGNCS and CSTC to deduct them from my HSA. I also acknowledge that ABGNCS will also receive additional compensation in the form of revenue sharing for the services it provides under this Agreement.

2. I authorize ABGNCS to act as my agent in the selection of CSTC as the custodian of my HSA and to act on my behalf for all transactions, including but not limited to, the payment from my HSA of any fees which may be charged by ABGNCS or CSTC, communicate investment directions as well as all other instructions and directions by me to CSTC, coordinate processing of transactions involving my HSA, transfer assets from my HSA maintained with CSTC to the general account of ABGNCS to reimburse ABGNCS for funds advanced by ABGNCS to pay claims presented against my HSA prior to settlement of trades; vote my proxies pertaining to the investments held by my HSA consistent with the recommendations of the Board of Directors, except that ABGNCS will always vote against resolutions to increase fees; perform record keeping services for my HSA.

3. ABGNCS will establish and maintain an individual health savings account record keeping account in my name to reflect the status of my HSA. ABGNCS will credit my health savings account record keeping account with contributions and earnings and debit my record keeping account for distributions, losses, expenses and fees, unless otherwise timely paid by me or on my behalf, related to my HSA that are communicated to ABGNCS by me, my employer, CSTC, or other third-parties.

4. ABGNCS will have no duty other than to follow my investment directions, and will be under no duty to question said instructions and will not be liable for any investment losses or tax consequences I sustain.

5. ABGNCS has the right to employ agents and assign any duties under this agreement.

6. ABGNCS has the right to amend or modify this agreement at any time, including, but not limited to, amendments required to maintain compliance with the requirements of the Internal Revenue Code. ABGNCS will notify me in writing of any such amendments.

7. ABGNCS will furnish annual reports to me and to the Internal Revenue Service concerning the status of my HSA in a time and manner as required under the Code.

8. I agree to receive investment information and disclosures electronically and I will promptly execute any documents and take all other actions required to receive investment information electronically.

9. I will determine and I am solely responsible for the:

- a. Determination of my eligibility to contribute to my HSA and for ensuring that those contributions are within the limits established by the Code.

- b. Tax effect of contributions to my HSA;
- c. Tax effect of distributions from my HSA; and
- d. Investment of my HSA.
- e. Determination of whether a distribution is for the payment or reimbursement of qualified medical expenses.
- f. Substantiation that the distribution is for qualified medical expenses and maintaining records sufficient to show, if required, that the distribution is tax-free.

10. I represent that:

- a. I am covered by a qualified High Deductible Health Plan (HDHP) as defined by the Internal Revenue Code (Code),
- b. I am not covered by a health plan, other than a HDHP, which provides any of the same benefits as the HDHP,
- c. I am not entitled to benefits under Medicare, and
- d. I will not be claimed as a dependent on another person's tax return.

11. I am responsible for all tax consequences of any contributions and/or distributions.

12. I have received a copy of the Enrollment and the Health Savings Account Custodial Account Agreement. I agree to all terms and condition of this Agreement. I understand that the terms and conditions that apply to this HSA are contained in this Application and the Agreement I agree to be bound by those terms and conditions.

13. I will convey all communications, directions and instructions to CSTC pertaining to the HSA through ABGNCS. ABGNCS has no duty to question or independently verify information communicated by me or on my behalf.

14. I will notify ABGNCS in writing in the event of a change of address.

15. Either ABGNCS or I have the right to terminate this Agreement at any time by giving 30 days written notice to the other. Upon notice of termination I will retain a successor record keeper for my HSA. As soon as is practicable following written notice of this appointment, ABGNCS will transfer all assets of the HSA to the successor record keeper. ABGNCS, however, may retain a portion of the assets of the HSA as a reserve for payment of anticipated remaining fees and expenses, and will pay over any remainder of this reserve to the custodian or trustee upon satisfaction of these fees and expenses.

16. The laws of the State of Minnesota will govern this Agreement except to the extent preempted by any federal law.

17. Any dispute under this agreement will be resolved by submission of the issue to a member the American Arbitration Association selected by ABGNCS and me.

We are Committed to Protecting Your Personal Information

We are committed to protecting your privacy and the following is a description of our privacy policies and the procedures we implement to protect your personal information. Our policies and practices regarding the collection and disclosure of information apply equally to current and former clients. ABGNCS and Alliance Benefit Group Financial Services Corp. (a related company) provide the administration and investment features available to you through your Health Savings Account. ABGNCS pledges that we will:

- Continuously protect your privacy.
- Not share your personal information entities, outside those affiliated to Alliance Benefit Group, for the sole purpose of selling the products or services of such entities to you.
- Disclose information about you to unaffiliated entities that assist us or your employer in providing HSA services to you. Examples of such services include, processing reimbursement requests through Evolution Benefits, or to administer or enforce a transaction that you request or authorize. We require that outside entities to which we disclose information are prohibited from using your information in any other way.
- Limit disclosure of your personal information to companies affiliated with ABGNCS service your health savings account unless you authorize otherwise.
- Maintain security standards and procedures designed to protect your account information. We will also evaluate and update our technology on an on going basis to maximize information protection.

Collection, Use and Disclosure of Your Personal Information.

The primary reason we collect and maintain information about you is to serve you and properly administer your HSA. This information may be collected from a variety of sources, such as:

- Information on forms or documents that you complete, like your name, address, telephone number, date of birth, Social Security number, beneficiary information and investment selections.
- Information we receive from your employer or your employer's representative, for example, identifying your name, Social Security number or account number with the dollar amount of payroll contributions to be deposited into your HSA.
- Information from your health care provider relating to your HSA, such as a group number, subscriber number, the fact that you are covered under a high deductible health plan and the amount of the deductible.
- Information we receive from outside companies, for example, if you previously maintained your HSA with another service provider or financial institution or if you use any access card provided in connection with your account.

Information Use and Disclosure among Companies Affiliated with ABGNCS

As previously stated, we will share information about you to affiliated companies only to service your HSA or if you give us specific authorization to do so. The information we collect about your HSA is subject to special protection – even within our affiliated companies. Your information is always considered extremely confidential.

Information Use and Disclosure with Outside Entities

We will only disclose information about you to entities that are not affiliated with ABGNCS in specific instances, such as:

- Companies retained by you, ABGNCS or your employer to perform services on behalf of the HSA.
- Independent contractors, who perform services to help us service your HSA.
- Third parties such as government entities or courts (in response to subpoenas and other legal processes) and others if necessary to service your HSA or process any transactions associated with your HSA.

We will only disclose information to companies or contractors we retain if such companies are subject to confidentiality policies and are prohibited from using any such information beyond performing the specific services on our behalf.

Information Confidentiality and Security

We are committed to preventing others from unauthorized access to your customer information, and we maintain procedures and technology designed for this purpose. We take several steps to protect the information we have about you, including the following:

- We routinely update and test our technology to enhance protection of client information.
- We require outside companies and independent contractors to whom we provide customer information to be bound by confidentiality agreements that restrict the use of the information to those purposes and prohibit any other use of the information.
- We restrict access to client information to employees who need the information to perform a specific job. Our employees must use password protected screen savers when they leave their desks. All ABGNCS employees are trained on our security and privacy practices. In addition, all new employees must complete a security and privacy orientation.

Information Integrity Measures

We strive to maintain client information that is complete and accurate client information. We have implemented procedures and processes for updating our customer information as well as removing old information. We protect the integrity of information about you through measures such as maintaining backup copies of account data in the event of service or other business interruptions, using computer virus detection and eradication software on systems containing customer data, installing computer hardware and software, and employing other technical means (known as “firewalls”) to protect against unauthorized computer entry into systems containing client information.

Health Savings Account (HSA) Enrollment Form

Account Owner Information

Last Name	First Name	M.I.	Date of Birth	Social Security Number	
Street Address			City	State	Zip Code
Email Address			Home Phone	Work Phone	

Employer Information

Employer Name	Division
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HSA Election Information

<input type="checkbox"/> New HSA Election <input type="checkbox"/> Updated HSA election	Effective date of election	I am electing: <input type="checkbox"/> Spender Account <input type="checkbox"/> Saver Account	
Employee HSA Contribution	Employer HSA Contribution	Total HSA Contribution	
<input type="checkbox"/> Pay Period Amount <input type="checkbox"/> Annual Amount	<input type="checkbox"/> Pay Period Amount <input type="checkbox"/> Annual Amount	<input type="checkbox"/> Pay Period Amount <input type="checkbox"/> Annual Amount	

Form of Identification (Required) – I understand that Federal law requires all financial institutions to obtain and verify personal information that will identify those individuals who open a new account. I understand that the information contained in this document will be used to certify that I am not associated with the funding of terrorist groups or other money laundering activities.

Driver's License Number	State
State ID Number	State
Passport ID Number	State

Please complete only one of the boxes above

Beneficiary Designation - I revoke all previous beneficiary designations and designate the following person(s) as beneficiary(ies) of the HSA identified above. I reserve the right to revoke or change any beneficiary designation at anytime. My beneficiary designation is effective only if received by Alliance Benefit Group North Central States, Inc. before my death. The rights of any beneficiary are subject to the current terms and conditions of the HSA Account Agreement, Recordkeeping Agreement and Disclosure.

Name	Social Security Number	Date of Birth	Relationship	Primary or Contingent <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percent (Total = 100%)

The interest of any Beneficiary who dies before the HSA Owner will be divided equally among any issue of the deceased beneficiary living at the time of the owner's death (**per stirpes**), unless one of the following is checked:

- 1. Divide equally among the surviving beneficiaries in that class (primary or contingent).
- 2. Divide among the surviving beneficiaries in that class (primary or contingent) in proportion to their interest.
- 3. Pay to the Contingent Beneficiary(ies).

Account Owner Acknowledgement and Signature

I hereby request that ABGNCS establish a HSA in my name. I understand that the HSA will be established and maintained consistent with the Alliance Benefit Group Health Savings Account Agreement, Disclosure and Recordkeeping Agreement. I understand the eligibility requirements for the type of HSA deposit I am making and confirm that I qualify to make the deposit. I understand that I am solely responsible for all tax consequences related to any request for reimbursement from my HSA, specifically for any non-qualifying or non-medical transaction. I understand that I may terminate this agreement at any time by submitting the completed form required by ABGNCS and my HSA assets at the time of termination will be returned to me according to HSA Federal Regulations.

I have received, at my request, and reviewed the fund prospectus for each fund I have selected and have determined that such fund is an appropriate investment vehicle for my HSA. I understand that Charles Schwab Trust Company will serve as the custodian of the HSA. I also understand that ABGNCS and certain of its affiliates may be paid fees for services related to the funds that I have selected and that those fees are described in the prospectus. I understand that investments in any such fund are not obligations of, or endorsed or guaranteed by, ABGNCS or its affiliates and are not insured by the Federal Deposit Insurance Corporation. I represent that I have full power to direct investments of the HSA. I understand that I may change this direction at any time and that it will remain in effect until revoked or modified by me. I authorize ABGNCS to act consistent with and to rely on any documents bearing my signature.

I will indemnify and hold ABGNCS and SCTC from and against all liabilities, losses, expenses and claims (including reasonable attorney's fees and costs of defense) arising out of acts or omissions (1) by persons unrelated to ABGNCS or SCTC, (2) in reliance on the action or inaction of unrelated persons, including directions to invest or otherwise deal with my HSA, or (3) any violation by any unrelated person of applicable laws, except if due to the gross negligence or willful misconduct of ABGNCS or SCTC.

I authorize my employer to deduct from my pay, on a pre-tax basis, the amounts elected above. I certify the above information is complete and accurate. I further certify I am eligible to contribute to a Health Savings Account and that I am covered under a qualifying high deductible health plan (HDHP); I am not covered by any health plan that is not an HDHP (with the exception of certain permitted preventive care and/or limited benefits); I am not entitled to Medicare benefits; and I cannot be claimed as a dependent on any other person's tax return. I understand that none of the information presented to me by Alliance Benefit Group North Central States, on behalf of my HSA, should be considered legal or tax advice.

Account Owner Signature

Date

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT - OPTIONAL

Complete the section below if you wish to have distributions from your HSA paid to you via direct deposit. If this section is left blank manual checks will be issued for any distribution requests.

Employer Name: _____

I (we) hereby authorize and request Alliance Benefit Group, hereinafter called the COMPANY, to make payment of any amounts owing to me (either of us) by initiating credit entries to my (our) account indicated below in the bank named below, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof.

I (we) also authorize and request COMPANY to effect repayment to COMPANY for amounts owed it because of a prior erroneous credit initiated to my (our) account if prior to the initiation of the correcting entry, the COMPANY has sent or delivered to me written notice of the correction and the reason therefore; and, the correcting entry is transmitted in such time as to be delivered or made available to BANK before midnight of the tenth day next following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to COMPANY or BANK. Any such notification to COMPANY shall be effective only with respect to entries initiated by COMPANY after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it.

I (we) recognize, acknowledge and accept that this service is being provided for my (our) convenience. As such, I (we) agree to hold the COMPANY, each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by the COMPANY and/or their employees, including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his/her debits because of insufficient funds arising from the failure to credit deposits to his/her account.

VERY IMPORTANT!!!

PLEASE ATTACH A COPY OF A VOIDED OR CANCELLED CHECK AS PROOF OF YOUR ACCOUNT NUMBER AND TRANSIT ROUTING NUMBER. A DEPOSIT SLIP IS ACCEPTABLE ONLY FOR SAVINGS ACCOUNT.

Name of Banking Institution _____

Checking Account _____

Savings Account _____

(Routing Number) _____

(Account Number) _____

Employee Name _____
(Please Print)

Employee Signature _____ Date _____