

Optum Bank Health Savings Account Authorization Form

Employee I	Name	Rocket #	_ □ Main Campus □ Health Science Campus
By clickin	ng "I agree" below, you're conf	irming the following:	
[] 2. ar [] 3. ar	cannot be claimed as a tax depend I Agree [] I Disagree m not enrolled in Medicare or Tric I Agree [] I Disagree m not covered under any other he I Agree [] I Disagree	care.	
	n, by agreeing to the following ten ehalf. If you do not agree, an HSA		versity of Toledo will be able to open an HSA
2. I au res stat beh	sidential address, date of birth, SS atus to Optum Bank . As my agent, half which explains that Optum Ba	to act as my agent to open a (N/ITIN, phone number, email The University of Toledo will r ank will obtain, verify and reco	ute to an HSA Optum Bank HSA for me and to send my name, address, country of citizenship, and residency receive a notice from Optum Bank on my ord information to identify me before they rernment fight money laundering activities and
• I • I a	t The University of Toledo will be receive my HSA welcome packet t give The University of Toledo writ and The University of Toledo has e receive a notice from Optum Ban	from Optum Bank tten notice that I do not want enough time to act on my notic	The University of Toledo to act as my agent
creating an		ents governing your account. I	with information about using your HSA, f you no longer want an HSA, you'll have seven
If you have Member FD	The state of the s	ke to review the agreements,	visit optumbank.com or call 1-866-884-7374.
Employee Signa	ature	Date	

If you wish to contribute to the Health Savings Account on an individual basis, you must elect this contribution each year. As you did not complete the online open enrollment, this must be done on a hard copy which can be found on

the Human Resources Website.