



Health Savings Accounts (HSA)

Open an account today!

Considering a high-deductible health plan or already participate in one? Open an HSA at Heartland Bank and rest assured that expenses will be covered.

A Health Savings Account (HSA) is a tax-exempt account established exclusively for the purpose of paying for qualified medical expenses, for you, your spouse and your dependents. This option must be paired with a high-deductible health plan.**

- Tiered interest rate
- \$4 monthly maintenance fee (waived with \$1,500 minimum daily balance or ownership of an additional Heartland Bank deposit account or relationship banking affiliation)
- First order of basic HSA checks free of charge
- Debit card access is available
- Transfer or rollover funds from another HSA
- HSA owner may add authorized signers allowing card eligibility

2024	Statutory Contribution Limit	Catch-Up Contributions (age 55 or older)	Maximum Deductible	Minimum Deductible
Self-Only	\$4,150.00	\$1,000.00	\$8,050.00*	\$1,600.00*
Family	\$8,300.00	\$1,000.00	\$16,100.00*	\$3,200.00*

*These amounts are indexed annually for inflation.

**An individual is eligible to contribute to an HSA and may make/receive monthly contributions if they are covered under a high-deductible health plan, are not covered by any other health plan that is not an HDHP (with certain exceptions for plans providing preventative care and limited types of permitted insurance and permitted coverage), are not enrolled in Medicare, and may not be claimed as a dependent on another person's tax return.

HSA ACCOUNT INFORMATION



Health Care Plan Information

Health Plan Policy Holder Name			
Health Care Plan Effective Date		Is this a new plan or a rollover?	
Plan type	Single Plan <input type="checkbox"/>	Family Plan <input type="checkbox"/>	Tax year contribution

Account Information

Please complete the Authorized Signer Application for yourself and for any authorized signer, if applicable.

Would you like checks?		Would you like a debit card?	
Will you have an additional Authorized Signer?			
Would your Authorized Signer like checks?		Would your Authorized Signer like a debit card?	

Beneficiary Designation

Please list one or more beneficiaries for your HSA, indicating the beneficiary percentage that should be provided to each primary beneficiary in the event of your death (**the percentages should add to 100%**). If a primary beneficiary should predecease you, his or her interest, as well as the interests of his or her heirs, will terminate completely and the percentage share of the surviving primary beneficiaries will be increased on a pro-rata basis. If you do not designate beneficiaries, HSA funds will become part of your estate after your death.

Primary Beneficiary 1

Name		Beneficiary %	
SSN		Date of Birth	
Street Address		City, State, Zip	
Phone Number		Relationship	

Primary Beneficiary 2

Name		Beneficiary %	
SSN		Date of Birth	
Street Address		City, State, Zip	
Phone Number		Relationship	

Primary Beneficiary 3

Name		Beneficiary %	
SSN		Date of Birth	
Street Address		City, State, Zip	
Phone Number		Relationship	

Primary Beneficiary 4

Name		Beneficiary %	
SSN		Date of Birth	
Street Address		City, State, Zip	
Phone Number		Relationship	

SIGNER INFORMATION



Applicants Personal Information

Name	
Address (address verification required if not current on ID) *	
City, State, Zip	
Social Security Number	
Home Phone (if applicable)	
Cell Phone	
Business Phone	
Date of Birth	
Employer & Occupation	
Mother's Maiden Name	
Father's Middle Name	
E-mail Address	
Online Banking Username 9-20 alphanumeric characters, 1 st character must be alphabetic and minimum 1 numeric. No special characters	
Primary ID Clear, color copy of unexpired Driver's License, State Issued ID, or passport	Provide or send photocopy to Heartland Bank Representative.
Secondary ID Debit/Credit Card (issuer, expiration date, last 4) Current work/student ID with picture Utility Bill – please attach	Provide or send photocopy to Heartland Bank Representative. If debit/credit card, only fill out the below: Issued by: _____ Expiration date: _____ Last 4 digits of card number: _____

By signing this form, I authorize Heartland Bank to request and obtain one or more consumer reports about me from one or more consumer reporting agencies for the purposes of considering my application as an authorized signer for an account at Heartland Bank, reviewing or collecting any account of which I am listed as an owner or a signer, or for any other legitimate business purpose.

Signature

Date

Printed Name

Acceptable Address Verification:

- Bank Statement or Credit Card Statement (last 90 days)
- Utility Bill - Electric, Water, Gas, Internet, Phone (last 30 days)
- Insurance Bill Statement (must be within current policy period)
- Pay Stub (last 30 days)
- Proof of Ownership / Residence - Lease Agreement, Mortgage Statement, Deed, Property Tax Bill
- Official Correspondence - Court Order, IRS or SSA Letter, State or Federal Assistance Letter, BMV Address Change (last 90 days)

ADDITIONAL SIGNER INFORMATION



Additional Signer Personal Information

Name	
Address (address verification required if not current on ID) *	
City, State, Zip	
Social Security Number	
Home Phone (if applicable)	
Cell Phone	
Business Phone	
Date of Birth	
Employer	
Mother's Maiden Name	
Father's Middle Name	
E-mail Address	
Online Banking Username 9-20 alphanumeric characters, 1 st character must be alphabetic and minimum 1 numeric. No special characters	
Primary ID Clear, color copy of unexpired Driver's License, State Issued ID, or passport	Provide or send photocopy to Heartland Bank Representative.
Secondary ID Debit/Credit Card (issuer, expiration date, last 4) Current work/student ID with picture Utility Bill – please attach	Provide or send photocopy to Heartland Bank Representative. If debit/credit card, only fill out the below: Issued by: _____ Expiration date: _____ Last 4 digits of card number: _____

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