



2011 HSA & DCAP Election & HSA Account Application

20815 N. Cave Creek Rd
Phoenix, AZ 85024

Banking Services Provided by
The Bancorp Bank,
MEMBER FDIC

P. (623) 580-4900
F. (623) 580-4902

Important Information About Procedures for Opening a New Account with Bancorp Bank:

To help the Government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each customer that opens an account. What this means for you: when you open an account, Bancorp Bank will ask you your name, address, date of birth and other information that will allow them to identify you. We may also ask to see your driver's license or other identifying documents.

Please complete entirely -- Incomplete applications will NOT be processed.

Part 1- Employer Information

Employer Name:	Date of Hire:
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Part 2- Personal Information - Primary Account Holder

First Name:	MI:	Last Name:	Date of Birth:
Social Security No:	Driver's License #:		State Issued:
Home Address (NO PO Boxes):			
City:	State:	Zip Code:	
Work Phone:	Home Phone:	Cell Phone:	Email Address:

Part 3- Additional Authorized Cardholders

Name:	DOB:	Social Security #:	Relationship:
Shipping Address (If different from above):			
Name:	DOB:	Social Security #:	Relationship:
Shipping Address (If different from above):			
Name:	DOB:	Social Security #:	Relationship:
Shipping Address (If different from above):			

Part 4- HSA Contribution Election

2011 IRS Maximum Contributions:		Max Annual Employee Contribution	55+ Annual Catch Up Contribution	55+ Max Annual Employee Contribution
Employee Only	\$ 3,050.00	\$ 3,050.00	\$ 1,000.00	\$ 4,050.00
Employee + Dependents	\$ 6,150.00	\$ 6,150.00	\$ 1,000.00	\$ 7,150.00

Annual Employer Contribution (Plan Year)	_____ \$0.00	(filled out by TAG)
Annual TAG Employer Services Contribution (Plan Year)	_____ \$0.00	(filled out by TAG)
Annual Employee Contribution (Calendar Year)	_____	(0 if choosing not to elect)
Total Annual Contribution	_____	

Note: Total Annual Contribution cannot exceed the above IRS Maximum Contributions.

Special Instructions: _____

Employee contributions will be deducted evenly over each regular payroll during the **calendar year**. Contributions made by your **Employer or TAG Employer Services**, if applicable, are deposited evenly over the **plan year**. Contributions will begin when HDHP plan begins, unless otherwise requested. New election forms will override previous versions. A new election form must be filled out each calendar year. Without completing a

TAG Use Only	
Client Code _____	
Employer Contribution Type:	<input type="checkbox"/> Prefunded <input type="checkbox"/> Evenly over Each Payroll <input type="checkbox"/> Per Schedule

Part 5- Dependent Care Assistance Plan (DCAP) Contribution Election (For use in paying expenses at daycare facilities and child/adult care providers.)

I choose to participate in the Dependent Care Assistance Plan.

I elect a Per Pay Period Withholding of

Total Annual Contribution

(not to exceed \$5000, or \$2500 if Married filing Separately)

I choose NOT to participate in the Dependent Care Assistance Plan.

Part 6- Required Signature (Important- Please Read Before Signing)

I understand that in order for to contribute to a health savings account (HSA) on my behalf, I must meet all of the following HSA eligibility conditions:

1. I have self-only coverage OR family coverage under the Employer Group Health Plan, which I understand qualifies as a high-deductible health plan (HDHP) under Code §223(c)(2) .
2. I cannot be claimed as another person's tax dependent.
3. I am not entitled to Medicare Benefits.
4. If I have any health coverage other than my coverage under the Employer Group Health Plan, that coverage is either (a) HDHP coverage; or (b) permitted non-HDHP insurance or coverage. Examples of impermissible coverage that would make me ineligible include coverage under my spouse's or domestic partner's non-HDHP health plan, general-purpose health flexible spending arrangement (health FSA), or general-purpose health reimbursement arrangement (HRA).

I assume complete responsibility for: 1. Determining that I am eligible for an HSA each year I make a contribution. 2. Ensuring that all contributions I make are within the limits set forth by the tax laws. 3. The tax consequences of any contribution (including rollover contributions) and distributions.

This deposit account is subject to all applicable rules and regulations adopted by The Bancorp Bank. My signature acknowledges my acceptance of the Truth in Savings Disclosure governing these accounts. The Bancorp Bank may order a consumer report from a credit reporting agency in order to evaluate whether to issue a Debit Card for those consumers who have applied. The Truth in Savings Disclosure is available at www.TheBancorp.com.

Signature	Date:
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