



HSA Customer Verification

Eligibility Certification:

True  False I am covered under a qualifying High Deductible Health Plan (HDHP).

True  False I am not covered under any other insurance plans that are not HDHP.

True  False I am not enrolled in Medicare.

True  False I am not able to be claimed as a dependent on anyone's income tax returns.

If you answer false to any of these statements you will not be eligible to open a Health Savings Account.

Name:

Address (Physical address no PO Box):

Email Address (required):

Date of Birth:

Social Security Number:

Driver's License #:

State of Issuance:

Issue Date:

Expiration Date:

Copy of \_\_\_\_\_ needs to be UPLOADED to the SECURE PORTAL on Employee Engagement's

Benefit Website:

Primary Phone Number:

Marital Status:  Married  Single

Occupation:

Insurance Plan Type:  Individual  Family

Are you transferring your current HAS Plan to Lake Shore Savings?  Yes  No

If yes, from where: Account Number:

Address:

