

DATE: \_\_\_\_\_

**KEYSAVINGS BANK**  
HEALTH SAVINGS ACCOUNT WORKSHEET

ACCOUNT IS TO BE ESTABLISHED AS A: (check one)

- Regular Health Savings Account (HSA)
- Rollover from a Health Savings Account (HSA)
- Rollover from an Archer Medical Savings Account (MSA)
- Transfer from a Health Savings Account (HSA)
- Transfer from an Archer Medical Savings Account (MSA)

PLAN NUMBER 7 AMT OF DEPOSIT \_\_\_\_\_ DEPOSIT FOR YEAR \_\_\_\_\_

INITIAL INTEREST RATE \_\_\_\_\_ ACCT # \_\_\_\_\_

\*\*\*\*\*  
NAME \_\_\_\_\_ USA CITIZEN: Y N DATE OF BIRTH \_\_\_\_\_

SS# OF GRANTOR \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE OF RESIDENCE \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

\_\_\_ MARITAL STATUS: \_\_\_ Married\* \_\_\_ Unmarried \_\_\_ Separated (Check one)

\*If married, need spousal consent to name other than spouse as Primary Beneficiary

Type of Health Insurance Plan Coverage: \_\_\_ Self-Only \_\_\_ Family

Contributor Relationship to HSA Owner: \_\_\_ HSA Owner \_\_\_ Employer \_\_\_ Family Member \_\_\_ Other \_\_\_\_\_  
\*\*\*\*\*

BENEFICIARIES (P=Primary C=Contingent)

\_\_\_ P \_\_\_ C \_\_\_\_\_  
NAME TAX ID# RELATIONSHIP

DATE OF BIRTH MAILING ADDRESS SHARE %

\_\_\_ P \_\_\_ C \_\_\_\_\_  
NAME TAX ID# RELATIONSHIP

DATE OF BIRTH MAILING ADDRESS SHARE %

\_\_\_ P \_\_\_ C \_\_\_\_\_  
NAME TAX ID# RELATIONSHIP

DATE OF BIRTH MAILING ADDRESS SHARE %

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