

## **ELIGIBILITY REQUIREMENTS:**

Since you enrolled in a Barnes Group High Deductible Health Plan, you may be eligible to enroll in a Health Savings Account (HSA). By signing below, I certify that:

- I am, or will be covered by a qualified High Deductible Health Plan (HDHP), I am not enrolled in Medicare or covered under other health insurance that is not compatible with an HSA, and I may not be claimed as a dependent on another person's tax return (excluding spouses per the IRS).
- I authorize my employer and those acting on behalf of my employer to exchange information with HSA Bank in connection with the establishment of my HSA. I understand this Health Savings Account will be opened for me automatically through my decision to enroll in a High Deductible Health Plan.
- HSA Bank is hereby appointed to serve as custodian of my Health Savings Account.
- I will receive a mailed copy of the Deposit Account Agreement and Disclosures for Health Savings Accounts, Truth in Savings, and Privacy Statement. HSA Bank, a division of Webster Bank, N.A. and Webster Bank, N.A. are the same FDIC-insured institution. Within seven (7) calendar days from the date this HSA is opened, I may revoke authorization for opening the account by mailing a written notice to HSA Bank.
- Per the USA Patriot Act: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires that all financial institutions obtain, verify and record information that identifies each person who opens an account. **What this means to you:** when your account is opened at HSA Bank will need your name, street address, date of birth and other information that will allow them to identify you. This will happen automatically and no action is required. At some point in the future, HSA Bank may also ask to see your driver's license or other identifying documents.

\* If any of the above eligibility requirements cannot be satisfied, you are not entitled to open, nor contribute to a Health Savings Account.

## **PATRIOT ACT CERTIFICATION FOR ENROLLMENT IN A HEALTH SAVINGS ACCOUNT**

I ACKNOWLEDGE AND CERTIFY THAT: I WISH TO ESTABLISH A HEALTH SAVINGS ACCOUNT ("HSA") WITH HSA BANK AS CUSTODIAN. I UNDERSTAND THE ELIGIBILITY REQUIREMENTS FOR DEPOSITS MADE TO MY HSA AND STATE THAT I QUALIFY TO MAKE DEPOSITS TO THIS ACCOUNT. I HAVE REVIEWED THIS WEB SITE, AND UNDERSTAND AND AGREE THAT MY HSA WILL BE OPENED UNDER AND GOVERNED BY HSA BANK'S CUSTODIAL AND DEPOSIT AGREEMENT AND THAT THE TERMS AND CONDITIONS THEREIN WILL BE BINDING ON ME. THIS DOCUMENT WILL BE SENT TO ME WHEN MY ACCOUNT IS OPENED, ALONG WITH HSA BANK'S PRIVACY POLICY AND SCHEDULE OF FEES. I AUTHORIZE HSA BANK TO PROVIDE INFORMATION ABOUT MY HSA, INCLUDING MY ACCOUNT NUMBER, TO MY EMPLOYER (IF APPLICABLE) AND THOSE ACTING ON BEHALF OF MY EMPLOYER OR HSA BANK (IF APPLICABLE), IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF MY HSA .

I ACKNOWLEDGE THAT MY EMPLOYER AND ALL OTHERS ACTING ON BEHALF OF MY EMPLOYER (IF APPLICABLE), MAY PROVIDE INFORMATION ON MY BEHALF TO

ESTABLISH AND MAINTAIN MY HSA AND AUTHORIZE MY EMPLOYER AND ITS DESIGNEE TO TAKE SUCH ACTION DEEMED NECESSARY AND APPROPRIATE BY MY EMPLOYER TO ADMINISTER MY HSA, INCLUDING BUT NOT LIMITED TO, MAKING DEPOSITS AND CORRECTING ERRORS WHERE NECESSARY.

I UNDERSTAND MY MONTHLY ACCOUNT STATEMENTS WILL BE MADE AVAILABLE TO ME ELECTRONICALLY. I AGREE TO NOTIFY HSA BANK IF I WISH TO HAVE STATEMENTS MAILED TO MY HOME ADDRESS. IN ADDITION, A VISA DEBIT CARD WILL BE ISSUED IN MY NAME TO BE USED, AT MY DISCRETION, FOR QUALIFIED MEDICAL EXPENSES DRAWN FROM MY AVAILABLE HSA ACCOUNT FUNDS. IF I REQUEST AN ADDITIONAL DEBIT CARD TO BE ISSUED TO AN AUTHORIZED USER ASSIGNED TO MY ACCOUNT, I ACKNOWLEDGE I WILL BE LIABLE FOR THE USE OF THE DEBIT CARD BY THE AUTHORIZED USER.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS WEB SITE IS TRUE AND COMPLETE. IMPORTANT: WE CANNOT PROCESS YOUR HSA WITHOUT YOUR ELECTRONIC SIGNATURE. BY CONFIRMING YOUR ENROLLMENT THROUGH THE ENROLLONLINE WEBSITE, YOU AGREE THAT WE CAN RELY ON YOUR ELECTRONIC SIGNATURE FOR AUTHORIZATION OF WITHDRAWALS OR OTHER TRANSACTIONS ON YOUR ACCOUNT.

PER THE USA PATRIOT ACT: 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 PERSON WHO OPENS AN ACCOUNT. WHEN YOU OPEN THE ACCOUNT, HSA BANK WILL ASK FOR YOUR NAME, STREET ADDRESS, DATE OF BIRTH AND OTHER INFORMATION THAT WILL ALLOW THEM TO IDENTIFY YOU. HSA BANK MAY ALSO ASK TO SEE YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.

IF YOU DO NOT ACCEPT THESE TERMS, PLEASE SELECT "WAIVE" TO WAIVE ENROLLMENT IN THE HEALTH SAVINGS ACCOUNT.