

Authorized agent agreement: Online

I appoint _____ (employer name) as the agent for the purpose of opening and administering a health savings account (HSA) on my behalf. I also acknowledge and certify that:

- I wish to establish a health savings account (HSA) with Optum 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 understand and agree that my HSA will be opened and governed by Optum 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 Optum Bank's Truth in Savings New Account Disclosure, Privacy Notice and Schedule of Fees.
- I authorize Optum Bank to provide information about my HSA, including my account number, to my employer and those acting on behalf of my employer or Optum Bank, in connection with the establishment and maintenance of my HSA.
- I acknowledge that my employer and all others acting on behalf of my employer, 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 and all other HSA disclosures and documentation will be made available to me electronically. I agree to notify Optum Bank if I wish to have statements mailed to my home address.
- I understand that I have requested an Optum Bank debit Mastercard® card.
- I certify that the information provided in this application is true and complete.
- I certify that I have received or viewed the Bank's statement of the hardware and software requirements for access to and retention of electronic records and that I have demonstrated the ability to access the Bank's website where electronic statements and other documentation are stored. I instruct the Bank, unless otherwise notified and instructed by me, to provide the Custodial and Deposit Agreement and all other HSA notices, disclosures and information related to and governing my HSA to me online at optumbank.com.
- I agree that Employer will remain my agent unless and until Employer and the Bank receive notice that the appointment of Employer as my agent has been terminated, that I am no longer employed by Employer, or that I am no longer an HSA eligible individual; or I receive a notice from the Bank that my application for an HSA has been declined.

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, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

To view the Optum Bank's hardware and software requirements, instructions for viewing and downloading copies of electronic documents, and instruction for updating an email address, click [here](#).

Health savings accounts (HSAs) are individual accounts offered or administered by Optum Bank®, Member FDIC, and are subject to eligibility and restrictions, including but not limited to restrictions on distributions for qualified medical expenses set forth in section 213(d) of the Internal Revenue Code. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment, and restrictions. Federal and state laws and regulations are subject to change.

Authorized agent agreement: Paper

Return this completed and signed form to your Employer. Do not send to Optum Bank.

Employee information

First Name	Middle Initial	Last Name	
Residential Street Address (Not P.O. Box)	City	State	Zip Code
Home Phone Number	Date of Birth (mm/dd/yyyy)	Social Security Number	
Country of Citizenship	Residency Status (US Citizen or Permanent /Resident Alien or Non-Permanent/Non-Resident Alien)		

Certification

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- I acknowledge that my employer and all others acting on behalf of my employer, 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.
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Signature _____ Date _____

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