



## HSA CHECKLIST

**Please fill in all the HSA account information.**

Complete HSA application & return with **\$35.00 set up fee** and check for deposit of at least **\$50.00**.

Copy of Driver's License for each person signing on the account required by Mid America Bank.

*If your address has changed and the change is not reflected on the ID, please send a copy of a utility bill as a verification of address.*

**Please send completed forms to:**

**Mid-America Bank**

**PO Box 4**

**Baldwin City, Ks 66006**

802 Ames Street (Hwy 56) \* Baldwin City \* KS \* 66006  
18365 S. Gardner Road \* Gardner \* KS \* 66030  
4114 W. 6th Street \* Lawrence \* KS \* 66049  
1008 Poplar Street (Hwy 33) \* Wellsville \* KS \* 66092



## HSA NEW ACCOUNT

- Applicant Information -

### HSA ACCOUNT HOLDER

Name (First): \_\_\_\_\_ (Middle): \_\_\_\_\_ (Last): \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Employer \_\_\_\_\_

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

I state that I have a Qualified High Deductible Health Plan (QHDHP) with: \_\_\_\_\_

My policy deductible is: \$ \_\_\_\_\_ My out of pocket is: \$ \_\_\_\_\_

Effective Date \_\_\_\_\_ I have a ☐ single ☐ family policy

**2023** Yearly maximum contribution for *individuals* is 100% of the annual deductible, not to exceed \$3,850.

**2024** Yearly maximum contribution for *individuals* is 100% of the annual deductible, not to exceed \$4,150.

**2023** Yearly maximum contribution for a *family* is \$7,750.

**2024** Yearly maximum contribution for a *family* is \$8,300.

\* *Catch-up contribution of \$1,000 can be made any time during the year in which the HSA participant turns 55.  
If you exceed the yearly maximum, contribution allowed you might be subject to IRS penalties.*

*Contribution will be made by Employer using ACH Direct Deposit. Employer & Employee contributions will be deposited semi-monthly using ACH Direct Deposit.*

*The Employer contribution is \$ \_\_\_\_\_ semi-monthly for single and \$ \_\_\_\_\_ semi-monthly for family.*

*Employer contribution \$ \_\_\_\_\_*

**Please contact us to apply for a debit card on this account.**

*The maximum daily withdrawal limit on the debit card is \$500.*

**ADDITIONAL HSA ACCOUNT AUTHORIZED SIGNER**

Since regulations require that only one individual own a HSA, the account owner may want his/her spouse and/or another authorized signer on this account.

Name (First): \_\_\_\_\_ (Middle): \_\_\_\_\_ (Last): \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: Kansas Zip: \_\_\_\_\_

SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ Primary Phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

**BENEFICIARY(IES) - *required***

Name	Address	SSN	Relationship	DOB	Percentage
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Under penalty of perjury, I certify that the Social Security Number shown above on this form is my correct taxpayer identification number. I understand the eligibility requirements for the type of HSA deposit I am making and reaffirm that I do qualify to make the deposit. I have received a copy of the Mid America Bank Enrollment and Custodial Agreement forms and understand the terms and conditions of the HSA account. **I understand that Mid-America Bank charges a \$35 initial setup fee and a \$3.00 monthly statement fee (statement fee is waived with E-Statements).**

**I assume complete responsibility for:**

- 1. Determining that I am eligible for an HSA each year I make a contribution.**
- 2. Ensuring 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.**

**Signature** of HSA account holder \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** of authorized signer \_\_\_\_\_ **Date** \_\_\_\_\_