

HEALTH SAVINGS ACCOUNT ELIGIBILITY & INFORMATION



GENERAL INFORMATION

HSA Account Owner's Name and Address
FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX (JR., II, ETC)
STREET ADDRESS
CITY, STATE, ZIP

HSA Custodian/Account Holder
THOROUGHbred HEALTH BANK <i>A Division of Oklahoma State Bank</i>
120 WEST CANADIAN VINITA, OKLAHOMA 74301 TEL: 918-256-5585

Social Security Number	Date of Birth	Home Phone

Thoroughbred Health Bank Account Identification	Trustee or Custodian's Phone Number

Type of Thoroughbred Health Bank Contribution
<input type="checkbox"/> Regular HSA <input type="checkbox"/> Transfer HSA <input type="checkbox"/> Rollover HSA
<i>Please refer to the sections below for the eligibility requirements related to the type of HSA contribution you have checked.</i>

Requirements

REGULAR HSA (Refer to page 2 for additional information.)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you covered by a High Deductible Health Plan (HDHP)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Are you also covered by any other health plan that is not an HDHP and that provides coverage for any benefit which is covered under the HDHP (with limited exceptions)?
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you enrolled in Medicare?
<input type="checkbox"/>	<input type="checkbox"/>	4. Are you claimed as a dependent on another person's tax return?

If you answered YES to question 1 and NO to questions 2 through 4, you are eligible to establish an HSA. Upon successful completion of questions 1 through 4 complete the "Signature" section.

Note: If you are age 55 or older by the end of the taxable year you may make an additional contribution to your HSA.

ROLLOVER HSA

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you certify that you satisfy the requirements for making a rollover into an HSA?

Please refer to BISYS' HSA Rollover Certification (Form #3103) for further information. If you plan to make regular HSA contributions, please refer to the appropriate section above.

TRANSFER HSA

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you certify that you have requested HSA funds or assets to be directly transferred from your HSA?

Please refer to BISYS' HSA Transfer Request (Form #3302) for further information. If you plan to make regular HSA contributions, please refer to the appropriate section above.

Signatures

All information provided by me is true and correct and may be relied on by the Trustee or Custodian. I certify that I am eligible for the type of contribution being made. I will assume responsibility for

- 1) making sure that all HSA contributions I make are within the limits set by the tax laws, and
- 2) the tax consequences of any contributions (including any rollover contributions) and any distributions.

I understand that the terms and conditions which apply to my HSA are contained in my HSA plan agreement and I agree to be bound by those terms and conditions.

(HSA Account Owner)	(Date)
(Witness)	(Date)



GENERAL INFORMATION An HSA is a trust or custodial account which is created exclusively for the benefit of the HSA Account Owner and which is generally used to pay qualified medical expenses. If you are eligible, contributions can be made to your HSA by either you and/or your employer. Qualified distributions from HSAs are tax-free.

DEFINITIONS In general, a High Deductible Health Plan (HDHP) means, as defined in IRC Section 223(c)(2), a health plan which satisfies each of the following requirements regarding deductibles and expenses:

- The deductible is not less than \$1,000 for single coverage and not less than \$2,000 for family coverage (as adjusted for cost-of-living).
- The sum of the annual deductible and the other annual out-of-pocket expenses required to be paid under the plan (other than for premiums) for covered benefits does not exceed \$5,000 for single coverage and \$10,000 for family coverage (as adjusted for cost-of-living).

REQUIREMENTS **Certain Coverage Disregarded**—Generally, you are ineligible for an HSA if you, while covered under an HDHP, are also covered under a health plan that is not an HDHP. However, you do not fail to be eligible for an HSA merely because, in addition to an HDHP, you have:

- (1) coverage for any benefit provided by permitted insurance (as defined in IRC Sec. 223(c)(3), and
- (2) coverage (whether through insurance or otherwise) for accidents, disability, dental care, vision care, or long-term care.

Age 55 catch-up contributions—If you have attained age 55 before the close of the taxable year, you are eligible to contribute an additional amount to your HSA. The additional contribution is determined as follows: \$500 for 2004, \$600 for 2005, \$700 for 2006, \$800 for 2007, \$900 for 2008, \$1,000 for 2009 and thereafter. However, you are not eligible to contribute to an HSA once you are enrolled in Medicare.