



STERLING HSA™

HOW TO SET UP AN ACCOUNT

THE 3 RULES FOR SETTING UP AN HSA:

1. You must enroll in a high deductible HSA compatible health plan
2. You cannot be enrolled in Medicare A, B or D
3. You cannot be claimed as a dependent on another person's tax return

HOW TO SET UP THE HSA:

Choose a fee schedule: Standard \$8.75 (all inclusive) or Value \$2.50 (a la carte). **The County will pay for the cost of the Value plan, if you choose the Standard Plan, you pay the difference. In addition, the County will pick up the \$35 account set-up fee and contribute \$34.62 each pay period into your account.**

1. Calculate the maximum contribution amount per IRS regulations. For a full calendar year with the following Aetna High Deductible Health Plan coverage:

Single coverage = \$3,000 max contribution - \$900 County contribution = \$2,100 per year.
Family coverage = \$5,950 max contribution - \$900 County contribution = \$5,100 per year.
2. Note: If your HSA compatible health plan starts on any date other than January 1st, you are required to stay on the HSA compatible health coverage for one full year. If not, a 10% penalty and taxes will apply to any excess contribution.
3. If employer is contributing or allowing employees to contribute pretax via payroll deduction...
 - a. Employer must complete employer application and list bill.
 - b. Employer specifies how much will be contributed to each employee's account (HSA and/or fees).
4. Each account holder must then...
 - a. Complete individual application form and designate your biweekly contribution amount
 - b. Complete beneficiary designation form.
5. Note: Total contributions from employer and employee may not exceed the IRS annual limits.
6. A "wet signature" is required on the enrollment forms (original required). Please return forms by interoffice mail or U.S. mail to:

**Santa Barbara County
CEO/HR Employee Benefits Division
1226 Anacapa St.
Santa Barbara, CA 93101**

7. The County will forward your enrollment form to Sterling HSA and set up the County contribution (\$34.62 each pay period) and the amount you want to contribute. There is no requirement that you contribute to your account but it is recommended in order to build a balance for your medical expenses below the deductible amount.



HEALTH SAVINGS ACCOUNT Individual Application

475 - 14TH Street, Suite 120, Oakland, California 94612

Toll Free: 1-800-617-4729 Fax 1-877-517-4729

Website: www.sterlinghsa.com Email: customer.service@sterlinghsa.com

1 INFORMATION ABOUT YOU *Please Print Clearly .All fields are required.*

Account Holder Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
	(First Name)	(MI)	(Last Name)
Mailing Address	_____		
Contact Information	(Address)		
	(City)	(State)	(Zip Code)
	(Telephone Number)	(Email Address)	
Social Security Number	Date of Birth	Driver's License/Passport <i>or other Government issued identification.</i>	
		<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other	

2 INFORMATION ABOUT YOUR HEALTH INSURANCE *All fields are required*

Name of Health Plan Carrier	Your Annual Deductible <i>(Please check Single or Family Coverage and enter the deductible amount you carry)</i>	Effective Date of Health Plan
<i>Aetna</i>	<input type="checkbox"/> Single Coverage <input type="checkbox"/> Family Coverage	

3 YOUR EMPLOYER INFORMATION *Complete only if you are enrolling through your employer*

Name of Your Employer	Employer Contact
<i>County of Santa Barbara</i>	(Name) _____ (Telephone #) _____ <i>805 - 568 - 2821</i>

4 INFORMATION ABOUT YOUR SPOUSE *If Applicable.*

Name	Social Security #	Date of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female _____ (First Name) (MI) (Last Name)	_____ - _____ - _____	____ / ____ / ____

5 INITIAL CONTRIBUTION AND SERVICE FEES. *Please Print Clearly .All fields are required*

HSA Contribution	<ul style="list-style-type: none"> ▪ Individual max for 2009 \$3,000 ▪ Family max for 2009 \$5,950 ▪ Catch-up for individuals over 55 is \$1,000 	\$ 34.62
Account Set-up Charge	<ul style="list-style-type: none"> ▪ \$35.00 one-time set-up fee COUNTY PAID 	\$ 35.00
Plan Selection	<p>Please choose your preferred plan and enter the amount selected: You may buy up to the Standard Plan \$8.75per month</p> <p><input type="checkbox"/> Standard Plan \$8.75</p> <p><input type="checkbox"/> Value Plan \$2.50</p>	\$ 2.50
Total Amount	<ul style="list-style-type: none"> ▪ Amount due to open my account is being paid by County 	\$ 72.12

6 ADDITIONAL CONTRIBUTIONS. *Complete only if you, the subscriber, will be making additional regular contributions besides your employer's contributions*

Additional Contributions	Additional Contribution	Payments are planned:	Method of payment:
	\$	<input type="checkbox"/> Per Pay Period	<input type="checkbox"/> Payroll
*** Direct Deposit / ACH - Please attach a voided check if you select this type of payment			

7 DEBIT CARD REQUEST. *Optional*

<input type="checkbox"/>	By checking the box, please order a Debit Card in my name. I understand that debit cards can only be issued in my name and two cards will be mailed to my address within 10 business days from the date of processing this application. Cards must be activated for use. A daily default amount of \$500.00 (or account balance if less) will be available based on settled transactions. A minimum of \$50.00 must be kept in my SterlingHSA account at all times.
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8 BROKER AGENT INFORMATION. *Do not complete if enrolling through your Employer.*

<u>N/A</u>	
<small>(Name of Broker)</small>	<small>(Broker License Number)</small>

9 ACKNOWLEDGEMENT / CUSTODIAL AGREEMENT *Required*

This Subscriber Application Form, when signed by me and accepted by Sterling Health Services, Inc., acknowledges my receipt of the Sterling Health Services, Inc. Custodial Agreement and my agreement to be bound by the terms and conditions of the Custodial Agreement that may be amended from time to time. I further agree that I will be bound by any conditions or limitations regarding my Custodial Account established by Sterling HSA. By signing this Subscriber Application Form, I consent to the sharing of financial and other information between me and Sterling HSA and among Sterling HSA's various affiliates. I acknowledge that summary information regarding Health Savings Accounts is available for informational purposes at "www.SterlingHSA.com"

 (Account Holder's Signature)

 (Date)



BENEFICIARY DESIGNATION FORM

(PAGE 1 OF 2)

Account Holder Name _____

Please check one of the following options:

- Initial Beneficiary Designation:** I designate the individual(s) or entity below as my primary and/or contingent beneficiary(ies) of this HSA.
- Replace Beneficiary(ies):** I designate the individual(s) or entity below as my primary and/or contingent beneficiary(ies) of the account named above and hereby revoke all prior beneficiary(ies) designations, if any, made by me.
- Add beneficiary(ies):** I designate the individual(s) or entity below as my primary and/or contingent beneficiary(ies) of the above account. This list supplements, but does not replace, the beneficiary(ies) previously designated by me on the date specified. (When

Beneficiary(ies):

The individual(s) or entity named in the below table shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages

Name	Date of Birth	Relationship	Social Security #	Primary/Contingent	%



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BENEFICIARY DESIGNATION FORM

(PAGE 2 OF 2)

Spousal Consent:

Please check one of the following options:

- I am not married** - I understand that if I become married in the future, I must complete a new Beneficiary Designation form.
- I am married** - I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above-named Account Holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my

Signature of Spouse

Date

Account Holder Authorization:

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to Sterling HSA. Sterling HSA has provided no tax or legal advice to me regarding my beneficiary designation.

Account Holder Signature

Date