

HSA CARD APPLICATION

Member # / Account Type

Name

Address

City State Zip

Home Phone # () -

Work Phone # () -

Cell Phone # () -

Email Address

HIGH DEDUCTIBLE HEALTH PLAN (HDHP) INSURANCE INFORMATION

Insurance Carrier Name: Start Date of Insurance Plan:

Individual or Family Insurance Plan: HDHP Deductible: \$

AUTHORIZED USER APPLICANT

Authorized User Social Security #

Authorized User Member # Authorized User Date of Birth

Name

Address (if different from above)

City State Zip

Home Phone # () -

Work Phone # () -

Cell Phone # () -

Email Address

Signatures: By signing below, the undersigned requests an HSA Card(s) and agrees to abide by all terms and conditions governing this service. For details, please refer to a current Membership Disclosure and Fee Schedule.

X

Member's Signature: Date

X

Authorized User's Signature Date

Return signed and completed application to a local Branch, to the address below, or via fax to 561.226.5402.

iTHINK Financial Credit Union

ATTN: HSA MEMBER SERVICES

P.O. BOX 5090, BOCA RATON, FL 33431-0890

Call 800.873.5100 or 561.982.4700, or email serviceplus@ithinkfi.org for further assistance.

For Credit Union Use Only Date & Operator #