

Health Savings Account (HSA) ASQ Form

The "Health Savings Account (HSA) ASQ Form" is intended to be completed by you, the client, to facilitate the opening of the HSA at your place of employment. This information, in addition to other account opening documentation, is collected by a Key sales professional and used to process the opening of the account.

Please note that certain responses may result in the account opening process to stop. In the event you respond to a question that results in a stop, it does not necessarily mean that the account cannot be opened. It does mean that you will need to go to your local Key branch to open the HSA. Detail regarding any stop/s through this process can be found within the paper form.

*** Note: All fields are required.**

Client Name and Identification	
First:	Middle:
Last:	
Date of Birth:	
SSN:	

Citizenship	
Are you a United States citizen?	
YES	NO



Stop – Please note that if you are not a United States citizen, you may not proceed with the HSA opening through your place of employment. At this time, Key must obtain additional information from you. In order to facilitate the capture of that additional information, we ask that you go to a Key branch to open the account.

Permanent Residency	
Is your permanent residency in the United States?	
YES	NO



Stop – Please note that if you do not have permanent residence in the United States, you may not proceed with the HSA opening through your place of employment. At this time, Key must obtain additional information from you. In order to facilitate the capture of that additional information, we ask that you go to a Key branch to open the account.

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Expected Activity – Funds Transfers

Will any funds transfers be going to or coming from international location(s)?

YES

NO



Stop – Please note that if you will have funds transfers going to or coming from international locations, you may not proceed with the HSA opening through your place of employment. At this time, Key must obtain additional information from you. In order to facilitate the capture of that additional information, we ask that you go to a Key branch to open the account.

Client Signature: _____ **Date:** _____

** BANK USE ONLY ** EMPLOYEE STATEMENT **

Employee completing this form – By signing this form I state that I have reviewed this form for completeness and have noted relevant additional comments in the section below:

___ Responses indicate a "STOP" as outlined in the "STOPS" section

___ Responses indicate that the account(s) may be opened

Employee Signature: _____ **Date:** _____

Additional Comments: _____



Key Bank HSA – Debit Card request

HSA Account Owner Information

Company Name _____

Employee's Full Name _____

Choose the type of HSA Debit Card you are requesting:

HSA Unlimited _____ HSA Limited _____

HSA Authorized User Information

Please note: To add an authorized user and order additional HSA debit card, the following required information will need to be provided for the individual who will be given access.

Citizenship	
Are you a United States citizen?	
YES	NO

Permanent Residency	
Is your permanent residency in the United States?	
YES	NO

Authorized users must be a U.S. Citizen and permanently reside in the U.S. to order a debit card through the HSA Account opening tool

Name	
Address (if different than account owner)	
Social Security #	
Date of Birth	
Primary ID (type)	
ID #	
State of Issuance	
Expiration Date	

Choose the type of HSA Debit Card you are requesting:

HSA Unlimited _____ HSA Limited _____

To order additional HSA Debit Cards, visit your local KeyBank branch or contact HSA Client Services by calling 1-888-KEY-2020, Option 2.

KeyBank

HEALTH SAVINGS ACCOUNTS

Employee Authorization

to provide my employer with my
Health Saving Account number

EMPLOYER NAME: Kris Oaks Construction

GROUP NUMBER: 273935

Upon establishment of my Health Savings Account with the group number indicated above, I authorize KeyBank National Association to release to my employer my health savings account number and the date on which my health savings account was established for the purpose of establishing electronic fund transfer services. This Authorization shall be considered as continuing for thirty days after my account was established and will cease after that date.

Employee Signature: _____

Print Name: _____

Date: _____

HEALTH SAVINGS ACCOUNT INFORMATION (to be completed by KeyBank)

KeyBank Routing Number: _____

KeyBank Account Number: _____

Date Account Opened: _____