

Health Savings Account Enrollment Steps

Create Log In Credentials

STEP 1: Visit [FirstAmBank.com/HSA](https://www.firstam.com/HSA) and click on the 'Open an HSA' button.

STEP 2: Complete the demographic information required including your Mobile Number and Email Address followed by a Username and Password. The Username and Password will be required to access the Health Account Services Consumer Portal. Select **Next** to continue.



Create Account

Personal Information *Required

Please enter the following personal information to create your account. Create a username and password to login to your account in the future.

Name*	<input type="text" value="First Name"/> <input type="text" value="Last Name"/> <input type="text" value="MI"/>
Birth Date*	<input type="text" value="mm/dd/yyyy"/>
Home Address*	<input type="text" value="United States"/> <input type="text" value="Address Line 1"/> <input type="text" value="Address Line 2"/> <input type="text" value="City"/> <input type="text" value="Select a state..."/> <input type="text" value="Zip Code"/>
Mailing Address*	<input checked="" type="checkbox"/> Same as Home Address
Mobile Number*	<input type="text" value="()"/> <input type="text" value="()"/> - <input type="text" value="()"/>
Mobile Carrier*	<input type="text" value="Select a Carrier..."/>
Time Zone*	<input type="text" value="Select a Time Zone..."/>

Your mobile number will be used only for the purpose of servicing your benefit plan account. This information will not be used for any solicitations.

Security Questions

STEP 3: For security purposes, please select 5 security questions from the dropdown list of questions and provide appropriate responses. All 5 questions must be created and answered. Select **Next** to continue.

Answer Security Questions

*Required

Please enter an answer to any 5 security questions to complete your user setup. To keep your information secure, you will be asked to answer 3 of these questions to complete sensitive actions within the portal such as resetting a forgotten password.

<input type="text" value="Select a question..."/>	<input type="text"/>
<input type="text" value="Select a question..."/>	<input type="text"/>
<input type="text" value="Select a question..."/>	<input type="text"/>
<input type="text" value="Select a question..."/>	<input type="text"/>
<input type="text" value="Select a question..."/>	<input type="text"/>

Summary of Accounts

STEP 4: The Summary of Accounts page will display additional details about Health Savings Accounts. Select **Next** to continue.

Summary of Accounts

[Agreements](#) [Profile](#) [Dependents](#) [Eligibility](#) [Payments](#) [Beneficiaries](#) [Summary](#) [Confirmation](#)

Review the pre-tax benefits available to find out how to best use these accounts.

Health Savings Account

[View Details](#)

A Health Savings Account or HSA is a tax-advantaged savings account that is used in combination with a high-deductible health plan (HDHP) to give you another new way to manage your healthcare expenses. The HSA is owned by you as an individual and can be used to pay for qualified medical expenses for you, your dependents and other members of your family as defined by the Internal Revenue Service (IRS).

HSA Eligibility

To be eligible for an HSA, you must meet the following requirements as defined by the IRS:

- You must be covered under a qualifying high-deductible health plan (HDHP) on the first day of the month.
- You have no other health coverage except what is permitted by the IRS.
- You are not enrolled in Medicare, TRICARE or TRICARE for Life.
- You cannot be claimed as a dependent on someone else's tax return.
- You have not received Veterans Affairs (VA) benefits within the past three months, except for preventive care. If you have a disability rating from the VA, this exclusion does not apply.
- You do not have a healthcare flexible spending account (FSA) or health reimbursement account (HRA). Alternative plan designs, such as a limited-purpose FSA or HRA, might be permitted.

[Cancel](#)

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Account Agreements

STEP 5: The HSA Enrollment Agreements page will display **Account Disclosure Agreements**. Please click on each 'Read and agree' link to review the disclosure information. As the agreements are accepted, the 'Agreed' check mark will be displayed for each agreement. The Fee Schedule and Interest Information can also be viewed via the links on this page.

After all documents are reviewed and agreed to, select **Next** to continue.

HSA Enrollment: Agreements

[Agreements](#) [Profile](#) [Dependents](#) [Eligibility](#) [Payments](#) [Beneficiaries](#) [Summary](#) [Confirmation](#)

You must accept the terms and conditions for this account by reviewing and accepting all agreements listed below.

E-Signature and Electronic Disclosure Agreement	Read and agree <input checked="" type="checkbox"/> Agreed
First American Bank Privacy Policy	Read and agree <input checked="" type="checkbox"/> Agreed
Health Savings Account Custodial Agreement	Read and agree <input checked="" type="checkbox"/> Agreed
Health Savings Account Deposit Agreement	Read and agree <input checked="" type="checkbox"/> Agreed
Health Savings Account Disclosure Agreement	Read and agree <input checked="" type="checkbox"/> Agreed

[Fee Schedule](#)
[Interest Information](#)

[Cancel](#)

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Enrollment Profile

STEP 6: The HSA Enrollment Profile page will display additional demographic and personal contact information. Please complete all fields that are blank. Any field marked with an asterisk is required. After all information has been entered, select **Next** to continue.

HSA Enrollment: Profile

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Demographic Information

* = required field

First Name:*

Middle Initial:

Last Name:*

Social Security Number:* --

Birth Date:*

Gender:

Marital Status: Married Single

Contact Information

Home Address:

Country:*

Address Line 1:*

Address Line 2:

City:*

State:*

Zip Code:*

Mailing Address: Same as Home Address

Home Phone:* () -

Email Address:*

Confirm Email Address:*

By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

[Cancel](#)

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Dependents

STEP 7: In the HSA Enrollment Dependents section, you are able to add dependents as part of your health insurance coverage. After each dependent is added, the **Add Dependent** button must be selected. Entered dependents will then appear in the **My Dependents** section. After all dependents are added, or if there are no dependents, select **Next** to continue.

HSA Enrollment: Dependents
Agreements Profile **Dependents** Eligibility Payments Beneficiaries Summary Confirmation

* = required field

Complete the dependent information below if you have any dependents and click the *Add Dependent* button to add the dependent. If you do not have any dependents or when you have added all of your dependents, click the *Next* button.

First Name:*	<input type="text"/>
Middle Initial:	<input type="text"/>
Last Name:*	<input type="text"/>
Social Security Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Birth Date:*	<input type="text"/>
Gender:	Male <input type="text"/>
Full Time Student:*	<input type="radio"/> Yes <input checked="" type="radio"/> No
Relationship:*	Spouse <input type="text"/>

Eligibility Confirmation

STEP 8: The HSA Enrollment Eligibility page will display the **Eligibility** requirements for the Health Savings Account. Please review the requirements and check mark the box that states 'I certify that I meet the qualifications to open a Health Savings Account' if all requirements are met. If you do not meet all the requirements listed below, please contact HR for further direction.

The Qualifying Health Plan Coverage section will also need to be completed. Please select the appropriate coverage level (Individual or Family) and select **Next** to continue.

HSA Enrollment: Eligibility
Agreements Profile Dependents **Eligibility** Payments Beneficiaries Summary Confirmation

* = required field

Health Savings Account Qualification
To qualify for an HSA, you must meet certain requirements defined by the Internal Revenue Service. You are responsible for ensuring that you meet these requirements and are eligible to contribute to an HSA.

You are an eligible individual and may make or receive a regular contribution to your HSA if, with respect to any month, you:

- a. are covered under a High-Deductible Health Plan (HDHP);
- b. are not covered by any other type of health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage);
- c. are not enrolled in Medicare; and
- d. may not be claimed as a dependent on another person's tax return.

You are eligible for an HSA if you have coverage for any benefit provided by permitted insurance. An example of permitted insurance is insurance for a specific disease or illness, such as cancer insurance. In addition, you are eligible for an HSA if you have coverage (whether provided through insurance or otherwise) for accidents, disability, dental care, vision care, or long-term care.

You cannot be covered by a first-dollar full coverage health flexible spending account (FSA) or a health reimbursement arrangement (HRA). You can be covered by a limited purpose or post-deductible FSA or HRA and a retirement or suspended HRA.

Other circumstances may affect your eligibility to establish or contribute to an HSA. Refer to [IRS Publication 969](#), "Health Savings Accounts and Other Tax-Favored Health Plans" for more information about special rules that affect eligibility. You may download a copy of this publication from www.irs.gov. The publication is also available by calling 1-800-829-3676.

I certify that I meet the qualifications to open a Health Savings Account

Qualifying Health Plan Coverage
Provide the following information about your qualifying health plan coverage to determine your maximum contribution to your HSA.

Coverage Level:

Payments (Reimbursement & Debit Cards)

STEP 9: The HSA Enrollment Payments page will display the **Payments** for the account which allows you to select your preferred **Reimbursement Method** of check or direct deposit. Additionally, if you would like to have a debit card ordered for your identified dependents or authorized signers, this section will allow you to make this change.

The primary account holder will automatically be selected in the Debit Card section, and any additional dependents or signers can be selected.

After the reimbursement option is selected, select **Next** to continue.

HSA Enrollment: Payments

Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation



Debit Card

Your Debit Card provides convenient access to your benefit dollars. Use the card to pay qualified medical expenses for you and your qualified dependents.

Your employer provides all group participants with a debit card. You may also choose to allow your dependent(s) to use the debit card.

Name	Accounts Available on Card	Card Shipped To	Fee
Today Testing <input checked="" type="checkbox"/> Issue Card	Health Savings Account	4611 Golf Rd Skokie, IL 60076	\$0.00
Dependent Testing <input checked="" type="checkbox"/> Issue Card	Health Savings Account	4611 Golf Rd Skokie, IL 60076	\$5.00

Reimbursement Method

How would you like to receive distributions?

Direct Deposit

Signing up for direct deposit will allow your disbursements to be deposited in your designated bank account.

Check

A reimbursement check will be sent via U.S. mail based on your normal reimbursement schedule.

Cancel

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STEP 10: If **Direct Deposit** was selected in the **Reimbursement Method** section, this page will display the bank account information. All information marked with an asterisk must be filled in and completed. After all information is entered, select **Next** to continue.

If **Check** was selected in the **Reimbursement Method**, this screen will be bypassed.

HSA Enrollment: Payments

Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

Bank Account

* = required field

Enter your bank account information to setup your direct deposit account.

Routing Number: *	<input type="text"/>
Account Number: *	<input type="text"/>
Confirm Account Number: *	<input type="text"/>
Account Type: *	Checking
Account Nickname: *	<input type="text"/>

Bank Information

Enter the contact information for your bank. This information may be pre-filled for you based on the routing number you entered above.

Bank Name: *	<input type="text"/>
Address Line 1: *	<input type="text"/>
City: *	<input type="text"/>
State: *	Select a state ...
Zip Code: *	<input type="text"/>

Cancel

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Beneficiaries

STEP 11: In the HSA Enrollment Beneficiaries section, you are able to include Beneficiaries. After each Beneficiary is added, the **Add Beneficiary** button must be selected.

Note: There is an option to pre-fill the fields with information from one of your designated dependents by selecting the dependent's name in the box that appears. Remaining required information with an asterisk must be filled in.

Entered Beneficiaries will then appear in the **My Primary Beneficiaries** section. After all Beneficiaries are added, or if there are no Beneficiaries, select **Next** to continue.



Anna Testing ▾ | Logout

HSA Enrollment: Beneficiaries

Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

* = required field

You may designate a beneficiary for your Health Savings Account. The designated beneficiary will receive your HSA assets in the event of your death.

If you are married in common law or in a community property state, you must designate your spouse as your Primary Beneficiary. You can change beneficiaries by submitting a notarized [Beneficiary Change Form](#) with your spouse's signature of consent.

Please complete the fields below with the requested beneficiary information.

First Name: [*]	<input type="text"/>	Dependents Select a dependent to pre-fill form with the dependent's information. Add Dependent
Middle Initial:	<input type="text"/>	
Last Name: [*]	<input type="text"/>	
Social Security Number: [*]	<input type="text"/>	
Birth Date: [*]	<input type="text"/>	
Address Line 1: [*]	<input type="text"/>	
Address Line 2:	<input type="text"/>	
City: [*]	<input type="text"/>	
State: [*]	Select a state ... ▾	
Zip Code: [*]	<input type="text"/>	
Type: [*]	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent	
Relationship: [*]	Select one... ▾	
Share Percentage: [*]	<input type="text"/>	
<input type="button" value="Add Beneficiary"/>		

Summary

STEP 12: The HSA Enrollment Summary page will display a recap of all information entered. Validate the information and if any sections require an update, select **Update** and make appropriate changes.

After all information is verified, select **Next** to continue.

HSA Enrollment: Summary

Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

Please verify the following information is correct and click Next to continue your enrollment.

Profile <input type="button" value="Update"/>		
Name:	Home Address:	4611 Golf Rd Skokie, IL 60076 United States
Social Security Number:	Mailing Address:	4611 Golf Rd Skokie, IL 60076 United States
Birth Date:	Home Phone:	
Gender:	Email Address:	
Marital Status:		

Dependents <input type="button" value="Update"/>					
Name	SSN	Birth Date	Gender	Full Time Student	Relationship
Mark Testing	xxx-xx-	10/1/2000	Male	No	Spouse

Eligibility <input type="button" value="Update"/>
Qualifying Health Plan Coverage
Coverage Level: Family

Payment Method <input type="button" value="Update"/>
Benefits Debit Card
Cards Issued to: Anna Testing
Check

Beneficiaries <input type="button" value="Update"/>
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Account Creation Authorization

STEP 13: The HSA Enrollment Creation Authorization page will display the **Confirmation** and **Authorization** of the enrollment process. Review each bullet point and check each applicable box. Select **Submit Enrollment** to submit the information.

HSA Enrollment: Creation Authorization
Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

By submitting the enrollment, you are requesting that a Health Savings Account be opened in your name.

- I affirm that the information provided is true and correct and may be relied upon by First American Bank as the HSA Custodian.
- I understand the eligibility requirements for this HSA and that I am responsible for determining:
 - A. That I am eligible to make contributions to an HSA for each year I make a contribution.
 - B. Ensuring that all contributions are within the maximum limitations set forth by the IRS, taking into account my coverage and the applicable deductible under a high deductible health plan.
 - C. The tax consequences of any contributions (including rollover contributions) or distributions; and
 - D. Seeking the assistance of a qualified tax or legal professional to address any questions or concerns I may have about eligibility, contribution limitations, or the taxation of contributions or distributions from my HSA.
- I certify that I have received and agree to the terms and conditions of the of the E-Sign Disclosure, the HSA Custodial Agreement, the HSA Disclosure Statement, the HSA Deposit Agreement, the HSA Schedule of Fees, the HSA Truth-In-Savings Disclosure and the Privacy Policy.
I have not received any tax or legal advice from the Custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold First American Bank harmless against any and all claims or losses arising from my actions.

[Submit Enrollment](#) [< Previous](#)

STEP 14: An Enrollment Confirmation page will appear if the enrollment is successful. The **Home** button will take you directly to the Health Account Services Consumer Portal where you can find your account number. The **Print** button will allow you to print the confirmation for your records.

Note: If the enrollment is unsuccessful or additional documentation is required to proceed, you may receive an error message indicating the next steps. Additional documentation and questions will need to be directed to **Health Account Consumer Services**.

HSA Enrollment: Confirmation
Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

Successfully Enrolled in Health Savings Account

Congratulations, you have enrolled in your Health Savings Account. Please print this page for your records.

[Home](#) [Print](#)