



**Independence  
Blue Cross**

## Health Savings Account (HSA) Enrollment Request for The Bancorp Bank (Bancorp)

Independence Blue Cross has a preferred relationship with The Bancorp Bank to provide HSA services. Please complete this form to open a Bancorp HSA.

### Instructions for Enrolling in a Bancorp HSA:

1. Complete and sign this application. To avoid delays, complete all fields.
2. Submit your application to your benefit administrator if you are enrolling in a group high deductible health plan. If enrolling in an Individual high deductible plan (such as Value HSA), mail your application to: Independence Blue Cross, Enrollment Dept., 1901 Market Street, Philadelphia, PA 19103-1480 or fax the application to (215) 238-7067.

Do not include HSA contributions or send this application to Bancorp – this will delay HSA set-up.

Last Name <input type="text"/>	First Name <input type="text"/>	Middle Initial <input type="text"/>
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Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Birth ( mm / dd / yyyy ) <input type="text"/> / <input type="text"/> / <input type="text"/>
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E-mail Address

Street Address (Residential street address required, No PO Boxes)

Address 2

City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/> - <input type="text"/>
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Home Phone (Required)  
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### Signature and Verification

Yes, please send my enrollment information to *The Bancorp Bank* to enroll me in a Bancorp HSA.

Signature (Required) <input type="text"/>	Signature Date ( mm / dd / yyyy ) <input type="text"/> / <input type="text"/> / <input type="text"/>
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**IMPORTANT:** We cannot process this application without your signature.

### Please read before signing above

I understand the eligibility requirements for deposits made to my Health Savings Account (HSA) and state that I qualify to make deposits to this account.

- I assume complete responsibility for:
1. Determining my eligibility for an HSA each year I make a contribution.
  2. Ensuring all contributions made to my account are within the limits set forth by the tax laws.
  3. Any tax consequences of contributions (including rollover contributions) and distributions.





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- 3) If all information is complete, Bancorp will send you a welcome package of information.
- 4) Complete and sign the signature card Bancorp sends in the welcome package and return the signature card to Bancorp.

**Eligibility:**

**You are eligible for an HSA if:**

- 1) You are enrolled in an HSA-qualified high deductible health plan (HDHP) that meets the minimum annual deductible for single coverage or family coverage as determined by the Department of the Treasury (go to [www.ustreas.gov](http://www.ustreas.gov) to see current minimum deductibles).
- 2) You are **not** covered by another health insurance plan, as either an individual, spouse or a dependent other than another high deductible health plan, or a plan providing specific, limited coverage.  
Examples of allowable coverage include:
  - a. Dental, vision, disability and long-term care insurance, or auto insurance
  - b. Insurance for a specified disease or illness, or
  - c. Insurance that pays a fixed amount per day (or other period of hospitalization)
- 3) You are not enrolled in Medicare
- 4) You cannot be claimed as a dependent on someone else's tax return

**Health Savings Account (HSA) benefits:**

- Tax-free interest or other earnings on your assets
- A tax deduction for the contributions you make. You are eligible for a deduction even if you don't itemize your tax deductions on Internal Revenue Service (IRS) Form 1040.
- Opportunity to build funds for your medical care needs. Your contributions remain in your HSA from year-to-year until you use them.

*Please seek the advice of a tax or legal professional to ensure compliance with related laws.*

The most current information on HSAs is provided by the United States Department of the Treasury at <http://www.ustreas.gov>

