



Enrolling in Your Health Savings Account (HSA)

INSTRUCTIONS

Complete the **Optum Bank Health Saving Account Authorization Form** and return to Trident Seafood's Benefits Department. Do not send the authorization form to Optum Bank.

Basic Requirements to Contribute to an HSA

To be eligible to contribute or have Trident Seafoods make contributions to an HSA, you must meet the following requirements as defined in IRC Section 223:

1. **Must be covered by an HSA compatible health plan.** Trident's High Deductible Health Plan meets the IRS definition of an HSA compatible health plan.
2. **Must not be covered by any non-qualified health plan.** Such as:
 - a. Enrolled in a "general purpose" Flexible Spending Account (FSA) or Health Reimbursement Account (HRA)
 - b. Covered under a spouse's Medical FSA or HRA
 - c. Covered under a spouse's health plan that is not an HSA-compatible health plan
 - d. Enrolled in a prescription plan which provides benefits before the health plan deductible is satisfied. Note: Programs which provide discount (but not insurance) on prescriptions are acceptable.
3. **Must not be enrolled in Medicare or Tricare.** Note: If you are receiving social security benefits you are automatically enrolled in Medicare Part A.
4. **Must not be claimed as a dependent** on another person's tax return.

IMPORTANT! In accordance with the US Patriot Act, Optum performs a CIP (Customer Identification Program) screening on all HSA applicants. The US Patriot Act sets forth minimum requirements that a bank must adhere to when a customer opens a new account or obtains product of service.

**TO HELP EXPEDITE THE OPENING OF YOUR HSA
PLEASE BE READY TO PROVIDE THE FOLLOWING DOCUMENTS:**

- Government issued ID (example – driver's license, passport, or military ID)
AND
- W-2 or W-4

Benefits Department

5303 Shilshole Ave NW
Seattle, WA 98107

Phone: (206) 789-8545 option 7

Fax: (206) 297-5878

Email: benefits@tridentseafoods.com

Appointment of Employer as Authorized Agent to Open an HSA

Employee Information

_____ <i>First Name</i>	_____ <i>Middle Initial</i>	_____ <i>Last Name</i>		
_____ <i>Residential Street Address (Not P.O. Box)</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>	
_____ <i>Home Phone Number</i>	_____ <i>Date of Birth (mm/dd/yyyy)</i>	_____ <i>Social Security Number</i>		
_____ <i>Country of Citizenship</i>	_____ <i>Residency Status</i> <i>(US Citizen or Permanent /Resident Alien or Non-Permanent/Non-Resident Alien)</i>			

Appointment and Certification

By signing below, I appoint _____ (“Employer”) as my agent for the purpose of opening and administering/maintaining an Optum Bank, Inc. (“Bank”) Health Savings Account (“HSA”) on my behalf and authorize Employer to send and receive information to and from the Bank on my behalf (including account number) in order to accomplish this purpose. I authorize the Bank to make any inquiries that it considers appropriate to determine if it should open and maintain my HSA, and I acknowledge that I have received the Bank’s USA PATRIOT Act Notice provided below:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

I certify that I am eligible to contribute to an HSA under Internal Revenue Code Section 223. I authorize and direct the Bank to issue a Debit MasterCard® to me. I certify that I have received or viewed the Bank’s statement of the hardware and software requirements for access to and retention of electronic records and that I have the ability to access the Bank’s website where electronic statements and other documentation are stored. I instruct the Bank, unless otherwise notified and instructed by me, to provide the Custodial and Deposit Agreement and all other HSA notices, disclosures and information related to and governing my HSA to me online at www.optumbank.com. I understand that monthly account statements and other documentation and notices will be delivered or made available electronically. If I want HSA statements mailed to my home, I must notify the Bank directly.

I agree that Employer will remain my agent unless and until Employer and the Bank receive notice that the appointment of Employer as my agent has been terminated, that I am no longer employed by Employer, or that I am no longer an HSA eligible individual; or I receive a notice from the Bank that my application for an HSA has been declined.

Employee Signature

Date

Return this completed and signed form to your Employer, do not send to Optum Bank

Optum Bank Access to and Retention of Electronic HSA Records

To view the Bank’s hardware and software requirements, instructions for viewing and downloading copies of electronic documents, and instruction for updating an email address, follow the link below.

<https://www.optumbank.com/content/dam/optumbank/resources/ns/238-Hardware-and-Software-Requirements.pdf>