Optum Financial®

MISSISSIPPI STATE UNIVERSITY™

Health Savings Account (HSA) Enrollment Form

STEP 1: HSA Enrollee Personal Information

Section 326 of the USA PATRIOT Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account through the Customer Identification Program (CIP).

First Name	Last Name		
Employer Name	MSU ID		
Physical Address (Must be a valid U.S. street address. P.O. Box may not be used.)	City	State	Zip Code
Phone Number	Email Address		
Social Security Number	Date of Birth (Month/Day/Year)		
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed	Health Plan Coverage ☐ Single ☐ Family		

STEP 2: HSA Qualifications

Your HSA is your financial asset even if you change employers or health plans. You must meet the requirements under Internal Revenue Code Section 223 to be eligible to open and contribute to an HSA. This means that:

1. You must be covered by a qualified high-deductible plan.
2. You cannot be covered by another health plan, including Medicare or Flexible Spending Account. (You may be covered by a Limited Use Flexible Spending Account or Limited Use Health Reimbursement Arrangement.)
3. You cannot be claimed as a dependent on another individual's tax return.

Consult IRS Publication 969 for more information about HSA eligibility requirements.

STEP 3: HSA Elections

Enrollment Status ☐ New enrollment ☐ Change in contribution ☐ Stop contributions	Catch-up Contribution Status ☐ I am age 55 or older (or will be by the end of the tax year) and qualify to make an additional catch-up contribution.	
I. Contribution per pay period (Not to Exceed Contribution Maximums**)	II. Payroll Effective Date	III. Pay Period ☐ 24/24 ☐ 18/24 ☐ 18/18

**<u>This amount includes the standard HSA limit plus any applicable catch-up contribution.</u> The total combined amount of both employer and employee contributions cannot exceed IRS maximum contribution limits. For 2026, that limit is $9,000 for employees with family HDHP coverage, $4,500 for self-only coverage, and $1,000 additional catch-up contribution allowed for employees aged 55 or older. If you want to contribute the total annual amount for a tax year in which you were only HSA eligible for a portion of that year, you must remain HSA eligible through the end of the next tax year or face tax penalties.

STEP 4: Account Holder Authorization

The HSA Enrollee named above hereby certifies that the information set forth in this HSA Enrollment Form is correct, and that the HSA Enrollee is applying to open a Health Savings Account at Optum Financial. Once the HSA is opened, Optum Financial will serve as the custodian of your HSA, which consists of all the funds in your HSA deposit account, as well as any other investments you make with your HSA funds. HSA Enrollee acknowledges receipt of the Custodial Agreement and agrees to be bound by the terms and conditions as set forth in the Custodial Agreement. HSA Enrollee will be sent a debit card that will access this HSA, once the HSA has been opened. The debit card will be governed by the Cardholder Agreement that will be sent with the card.

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The HSA Enrollee understands that they must return this Enrollment Form to their employer, or the employer's designated benefit administrator, and authorizes and directs Optum Financial and its affiliates to provide any information about your HSA, including your account number, or any other non-public personal information to your employer, or your employer's designated benefit administrator, in connection with the establishment and maintenance of your HSA. Furthermore, HSA Enrollee authorizes my employer and its designee to take such action deemed necessary and appropriate by my employer to administer my HSA, including, but not limited to, making deposits and correcting errors where necessary.

By signing my name below, I authorize Mississippi State University to act as my agent to open a Optum Bank HSA for me and to send my name, residential address, date of birth, SSN/ITIN, phone number, email address, country of citizenship, and residency status to Optum Bank.

Account Holder Signature	**Date**

Enrollment terms and conditions

I elect to participate in the Health Savings Program and agree to be bound by the terms of the Plan. I understand that:

- At the end of each plan year, my most recently submitted HSA contribution election (including any increase, decrease or cancellation) will automatically roll over into the next plan year and apply to the first payroll of the new plan year, unless I submit a new election.
- Contributing to an HSA is completely voluntary, and I am solely responsible for determining whether any distribution from my HSA is in compliance with IRS regulations.
- Eligible expenses must qualify as a health care deduction under the IRS.
- When I make a mid-year HSA contribution election or enrollment change, I am re-certifying to the terms and conditions.
- In circumstances where my Payment Card is lost/stolen or I become aware of fraudulent charges, I will notify Optum Financial immediately. Optum Financial will deactivate the Payment Card and reissue a new Payment Card.

I certify that:

- The information I have provided is complete and accurate to the best of my knowledge.
- If the Bank Custodian is unable to verify my identity, the Bank Custodian may contact me for additional information, such as a copy of the driver's license, W-2, Social Security Card, or other identifying documents. If I fail to pass Customer Identification Program (CIP) within 90 days of the request, my HSA will be canceled.
- I am covered by a qualified HDHP, and am not covered by any non-permitted coverage.
- I have available to me a copy of the application and Custodial Agreement and Disclosure Statement and amendments thereto.
- I agree to have my compensation reduced by the contribution amount(s) I elected on a pre-tax basis.
- I have reviewed and understand the benefits program eligibility and enrollment information and I agree to abide by all participation requirements.
- All dependents listed meet the eligibility requirements of the program.
- I understand my monthly account statements and all other HSA disclosures and documentation will be made available to me electronically. I agree to notify Optum Bank if I wish to have statements mailed to my home address. I acknowledge that I will provide and maintain a valid email address for delivery of electronic communications by logging into the account website and updating my account information. If I do not provide a valid email address or if electronic communications sent to me are returned as undeliverable, I acknowledge that information may be sent to me via paper, and that I may be charged a fee for such delivery as disclosed in the Schedule of Fees.
- I will inform my human resources benefit office as soon as reasonably possible when I am no longer eligible to contribute to the HSA, for instance if I obtain other non-permitted coverage such as coverage under my spouse's plan or Medicare, and I understand any contributions made for any month in which I am not an eligible individual will be subject to an excise tax, and that my employer will deduct any contributions it made for such an ineligible month from my HSA.
- Use of the Payment Card will comply with the terms and conditions of the Cardholder Agreement received with the Payment Card.
- That all expenses charged on the Payment Card will qualify as reimbursable per IRS rules, will be incurred only for me or my eligible dependents, and will not be reimbursed through any other means, including my or my dependent's insurance plans.

Account Holder Signature _____ **Date** _____