

HEALTH & BENEFIT ACCOUNTS

Health Savings Account identity verification form

Instructions: The U.S. Patriot Act 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. You may be asked to provide additional information to help us verify your identity.

Please submit the completed form and copies of necessary documentation to:

Bank of America
 c/o Health Account Services
 PO Box 2203
 Fargo, ND 58108
 Secure fax: 844.590.0919

We're here to help you 24 hours a day, 7 days a week.



Customer Care Center:
800.718.6710



Online Chat:
myhealth.bankofamerica.com

All fields are required.

Step 1: Customer information

<input type="text"/>		<input type="text"/>	
Employer name (If sponsored by an employer plan)		Customer name (First, middle initial, last)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Birth date (MM/DD/YYYY)	Social Security number	Day telephone number	
<input type="text"/>		<input type="text"/>	
Street address		Email address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip code	

Continued on next page.

Step 2: Valid identification documentation

Below is a list of the types of documents you can submit based on the category of information requested per the notification you received. You only need to provide one document for each item needing verification. **The documentation you submit must match the information on file for your account.** For example, if you use your driver's license to validate your address, the address on your driver's license must match the information on your account.

We were unable to verify:	Acceptable forms of documentation:	
Name	<ul style="list-style-type: none"> • Social Security card • ITIN card • U.S. passport • Birth certificate • Marriage certificate 	<ul style="list-style-type: none"> • Divorce decree • Legal name change certificate • State identification • Driver's license • Current phone/utility bill with current address
Social Security number	<ul style="list-style-type: none"> • Social Security card • ITIN Card 	<ul style="list-style-type: none"> • Military ID (only if it shows the SSN)
Address	<ul style="list-style-type: none"> • Driver's license • State Identification • Current phone/utility bill with current address • Current bank statement with current address 	<ul style="list-style-type: none"> • IRA or 401K statement • Auto/home/health insurance statement • Mortgage statement/rental lease
Date of birth	<ul style="list-style-type: none"> • Driver's license • U.S. passport 	<ul style="list-style-type: none"> • Birth certificate • State identification

This Health Savings Account (HSA) is a custody account with Bank of America serving as the custodian. Terms and conditions of the HSA are included in your HSA Agreement and Cardholder Agreement. Bank of America deposit products that are held in the HSA are FDIC insured, subject to FDIC insurance limits.