



**800-914-3248**

# **American Health Value**

**Your Health Savings Account Experts**

## **New Enrollment Packet: Individual**

### **HOW DO I OPEN MY HSA ACCOUNT**

1. Determine if you qualify for a federal tax-deferred HSA:
  - a. Review enclosed Eligibility & Contribution Guide, or
  - b. Contact an HSA Specialist (Contact information below)
  
2. Choose an enrollment option and apply:
  - a. Enroll online at [www.AmericanHealthValue.com](http://www.AmericanHealthValue.com)
  - b. Call for telephone enrollment
  - c. Enroll by mail:
    - i. Complete paper application
    - ii. Include check:
      - Payable to: American Health Value
      - Amount: Annual administration fee: \$36.00 \*
      - Opening deposit (minimum \$10) \$10.00
    - iii. Mail application and check to: American Health Value  
P.O. Box 8063  
Boise, ID 83707-2063

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### **WHAT HAPPENS NEXT**

Within 10 to 15 business days the following items will arrive by US Postal Service (each under separate cover):

- VISA debit card
- PIN for VISA debit card
- Welcome Kit (includes signature card and self-addressed envelope for you to sign and return)

Use your VISA debit card or HSA checks to pay for your qualified healthcare expenses.

Access your account online to:

- Review transactions, check balances, print statements & copies of cleared checks, etc.
- Eliminate the \$1.25 monthly statement by opting into electronic statements.
- Order your first 50 personalized checks free-of-charge.

Save money on taxes. Reduce your annual taxable income by the amount of HSA contributions (deposits). You do not have to itemize to claim this deduction, but you will need to complete IRS form 8889 when you file your taxes. You may also be able to claim a state tax deduction. (Consult with your professional tax advisor or call our office.)

\*Fees are non-refundable

### **Need Further Assistance or Have Questions?**

**Contact our HSA Specialists!**

**Office Hours: Monday – Friday: 7:00 AM to 5:00 PM MST**

**American Health Value**

**800-914-3248**

[info@AmericanHealthValue.com](mailto:info@AmericanHealthValue.com)

[www.AmericanHealthValue.com](http://www.AmericanHealthValue.com)



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## Enrollment Checklist for Individuals

### Paper Application Checklist:

- Complete Health Savings Account Application
  - Page 1 – Complete Authorized Signer section if you would like another person to be able to conduct business on your account (such as your spouse).
  - Page 2 –Signature and notary at the top of this page is only required if the spouse **is not** the primary beneficiary. The signature portion can be skipped for now and completed when the signature card from AHV The Bancorp is received.
  - Page 2 – Be sure to sign in both spots designated for “Primary Applicant”.
  - Page 2 - Be sure Authorized Signer signs in both spots designated for “Authorized Signer”.
- Include Funding – Is the Annual Fee and Opening Deposit included? You can write one check for the total of these. \$36.00 annual fee and \$10.00 (minimum) opening deposit.
- Mail completed application to:  

American Health Value	<i>or</i>	American Health Value
P. O. Box 8063		671 E. Riverpark Lane, #100
Boise, ID 83707-2063		Boise, ID 83706

### Other Enrollment Options:

- Enroll securely online at [www.AmericanHealthValue.com](http://www.AmericanHealthValue.com). You will need to provide a VISA or MasterCard (\$46.00 will be processed to cover annual fee and opening deposit).
- Enroll over the phone in less than five minutes: 800-914-3248. You will need to provide a VISA or MasterCard (\$46.00 will be processed to cover annual fee and opening deposit).

**Need Assistance With Your Enrollment? Contact our HSA Specialists!**

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[www.AmericanHealthValue.com](http://www.AmericanHealthValue.com)



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## **2012 FAQ for Account Holders**

**1. How do I access my funds?**

You can access your HSA funds by using your AHV VISA debit card. When your healthcare provider asks for payment, give them your VISA debit card. If your healthcare professional does not accept VISA, you may access your funds directly with your HSA checkbook. If you do not have your checkbook, you could pay from your personal checking account and then reimburse yourself from your HSA at a later time.

**2. How do I order checks?**

You can order your first set of 50 checks free of charge by selecting the "Order Initial Check" button at the bottom of the "snapshot" page when viewing your account online. This is the first page you see when logging in to your account. To order additional checks, complete the "Request for Personalized Documents" form at the front of your checkbook and mail it to the address on the form, or contact American Health Value at 800-914-3248. The bank will debit your HSA account for the cost of the checks.

**3. How do I keep track of my funds?**

You will receive a monthly bank statement. In addition, you have online access to your account to view deposits, withdrawals, and interest earned on the account. You may also call AHV The Bancorp Bank customer service department at (888) 531-3337 to obtain your current account information 24 hours a day, 365 days a year.

**4. Where should I send my deposits?**

Once your account is set up, you should mail your deposits directly to:

**American Health Value  
P.O. Box 8063  
Boise, ID 83707**

**5. Who do I make my deposit payable to?**

Make your check payable to "American Health Value". Be sure to write "*For Deposit Only to Account* # \_\_\_\_\_" on the back of the check.

**6. Can I arrange for an automatic deposit into my HSA?**

Yes. You can setup automatic deposits from your online account. Be sure the total of all deposits into your account (both from you and your employer) do not exceed the maximum allowed deposits for the calendar year.

**7. Do deposits have to be made on a monthly basis?**

No. Deposits can be made to your account at any time. However, to avoid possible bank fees it is to your advantage to make monthly deposits and maintain a balance of at least \$1,500. Bank fees are waived on any balance over \$2,500 regardless of frequency of deposits.

**8. Do I send my receipts to you for my deductible?**

No. You will need to send your receipts to your insurance company (just as you do now) in order for the expense to be applied to your insurance deductible. You will want to keep a copy of these receipts with your tax records in the event that the IRS requires proof of the expenditures.

## IRS Guidelines & Requirements

This is general information regarding some of the federal guidelines required for HSA federal tax deductibility. It is not meant to be tax advice, nor is it all-inclusive. Consult your professional tax advisor to see if you qualify.

- 1. What are the guidelines that have to be met to receive a federal tax deduction?** To be eligible for a “Federally Qualified” tax deferred HSA account an individual must meet two primary qualifications:
  - A. Insurance Coverage:** You must have a qualifying High Deductible Health Insurance Policy (HDHP). Federal legislation is very specific about the deductible limitations to meet this requirement. For the year 2012, they are as follows:
    - i. Individual Policy:** The deductible must be no less than \$1,200 and no more than \$6,050, with total out-of-pocket expenditure not exceeding \$6,150 per plan year.
    - ii. Family Policy:** The deductible must be no less than \$2,400 and no more than \$12,100, with total out-of-pocket expenditure not exceeding \$12,100 per plan year. Some policies have a family deductible, but also pay benefits on a single individual within the family if they meet a single deductible (called an embedded deductible) that is lower than the family deductible. The embedded deductible cannot be less than \$2,400.
  - B.** Cannot be covered under another health insurance plan that is not an HDHP (including Medicare.)
- 2. How much can be contributed to an HSA for calendar year 2012?** The maximum contribution for an eligible individual with self-only coverage is \$3,100. For an eligible individual with family coverage the maximum is \$6,250.
- 3. What is the “catch-up contribution” for an individual age 55 or older?** For individuals over age 55, the HSA contribution limit is increased by \$1,000 per year.
- 4. What happens if I withdraw funds for ineligible medical expenses?** You would be required to pay the income tax due on the distribution as well as a 20% tax penalty.
- 5. When can I take the money out to use for something other than medical expenses?** You can withdraw your HSA funds for any reason at age 65. You will be required to pay the normal income tax due on the distribution if it is not for a medical expense, but there will not be a penalty.
- 6. Can both the employer and employee make contributions during the year?** Yes. Combined contributions for the calendar year cannot exceed the maximums allowed under the federal guidelines.
- 7. Can I pay for my health insurance premium through my HSA?** No. Even though the IRS does consider insurance premiums as a qualified medical expense, the HSA legislation specifically excludes this expense except for long-term care premiums, Medicare premiums, COBRA premiums, and health care coverage premiums while receiving unemployment compensation.
- 8. How do I claim my HSA deduction? Is there a special form I need to fill out?** Yes. The IRS requires you to complete Form 8889 if you are receiving an HSA deduction. This applies whether you or your employer are making the deposits to the account.
- 9. Can I transfer funds in my IRA to my HSA?** You can make a one-time distribution from an IRA to an HSA. The transfer cannot exceed the HSA contribution limit for the year and you must maintain a qualified health plan for the 12 months following the transfer. Your total allowed contribution for the year is reduced by the amount that is transferred from the IRA.

**Contact us for more information:**

**American Health Value**

**800-914-3248**

**[info@AmericanHealthValue.com](mailto:info@AmericanHealthValue.com)**

**[www.AmericanHealthValue.com](http://www.AmericanHealthValue.com)**



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## **HSA Eligibility & Contributions**

### **Eligibility**

- Any individual is eligible to open and contribute to an HSA if they have a qualified High Deductible Health Plan (HDHP), are not covered under any other health plan (including Medicare), and cannot be claimed under someone else's tax return as a dependent (as in the case of children).
  - For self-only policies, a qualified health plan must have a minimum deductible of \$1,200 with a \$6,050 cap on the out-of-pocket expenses (indexed annually).
  - For family policies, a qualified health plan must have a minimum deductible of \$2,400 with a \$12,100 cap on out-of-pocket expenses (indexed annually).
  - A qualified HDHP cannot pay for any medical expenses prior to the deductible being met with the exception of preventive care services.
- Individuals may maintain coverage for accidents, disability, dental care, vision care and long-term care and still qualify for the HSA.
- Coverage under a General Purpose Medical FSA will disqualify you from contributing to an HSA. This includes coverage under your spouse's FSA.

### **Contributions**

- For self-only policies: \$3,100 (indexed annually)
- For family policies: \$6,250 (indexed annually)
- Full amount can be contributed for the calendar year even if insurance effective date is after January 1. (Must maintain qualified insurance through end of next calendar year.)
- Individuals age 55 or older may make an additional "catch-up" contribution of \$1,000 if they are the primary account holder.
- One time transfer allowed from IRA (limited to the maximum HSA contribution for the year). Must remain an eligible individual for 12 months following the transfer.

**If you have additional questions,  
please contact an American Health Value HSA Specialist:**

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**800-914-3248**

**[info@AmericanHealthValue.com](mailto:info@AmericanHealthValue.com)**

**[www.AmericanHealthValue.com](http://www.AmericanHealthValue.com)**



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# American Health Value

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## Schedule of Fees

American Health Value offers quality Health Savings Account administration for both qualified and non-qualified accounts. We offer competitive interest rates on the deposits in your checking account and a wide range of investment options. Your AHV VISA debit card and HSA checks provide easy access to the funds in your account.

### American Health Value Fees and Requirements

**Annual Fee: \$36.00\***

Save money by paying flat annual fee versus excessive bank transactional fees.

**Minimum Opening Deposit Requirement: \$10.00**

*\*Fees are non-refundable.*

### Bank Fees

No monthly bank service fee\*\*

- When you maintain an account balance of \$1,500 and set up automatic monthly deposits through American Health Value

or

- Maintain \$2,500 account balance (no automatic deposit required).

*\*\*Must meet one requirement to avoid a \$2.00 monthly bank fee.*

No monthly statement fee when you opt into e-statements.

**For further assistance, call one of our HSA Specialists!**

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# American Health Value

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## Health Savings Account Application

800-914-3248

This is not your Medical Insurance Policy; contact your insurance carrier (or agent) to make changes to your insurance.

### 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.

### ACCOUNT HOLDER INFORMATION (Please print clearly)

Drivers License # \_\_\_\_\_ State of Issue \_\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email Address (Required) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Residential Address (not a PO Box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### AUTHORIZED SIGNER (OPTIONAL)

Since IRS regulations require that only one individual owns the HSA Account, the account holder may want their spouse and/or authorized signer to write checks or use their Debit Card. I (account holder) hereby designate the following individual as additional authorized signer on my Health Savings Account.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Carrier \_\_\_\_\_ Effective Date of Policy \_\_\_\_\_ Deductible \$ \_\_\_\_\_  
(Check One)  Single Insurance Coverage  Dependent Insurance Coverage

### EMPLOYER INFORMATION

Div #: \_\_\_\_\_ Name of Employer \_\_\_\_\_

### PAYMENT ENCLOSED WITH APPLICATION:

Agent ID #: _____	Opening Deposit (minimum \$10.00) \$ _____
Agent Name: _____	Annual Fee (\$36.00) \$ _____
	<b>TOTAL ENCLOSED AMOUNT: \$ _____</b>

Open Date: _____	Grp#/Div: _____	Office use only Acct #: _____	BenCalc: _____	Ck# _____
				Paid Thru _____

### BENEFICIARY INFORMATION

In the event of my death, I name as my beneficiary (shares must equal 100%):

Name _____	Name _____
Relationship _____	Relationship _____
Share (% of Holding) _____	Share (% of Holding) _____

BENEFICIARY INFORMATION CONTINUED ON BACK

**BENEFICIARY INFORMATION CONTINUED**

**Spousal Consent:** To be completed if your spouse is not listed as your primary beneficiary. This section should be reviewed if either the trust of the residence of the HSA holder is located in a community or marital property state and the HSA holder is married. Due to important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent or legal tax advisor:

**CURRENT MARITAL STATUS**

- I am not married – I understand that if I become married in the future, I must complete a new HSA Designation of Beneficiary form.
- I am married – I understand that if I chose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above named HSA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional. I hereby give the HSA holder any interest I have in the funds or property deposited in this HSA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result. The Custodian gave no tax or legal advice to me.

<b>Spouse – Signature Required</b>	Date	<b>Notary – Signature Required</b>	Date

**ACCEPTANCE OF TERMS:**

By my signature below I understand that **ANNUAL FEES** are **NON-REFUNDABLE** and I apply, and the institution by its signature accepts my application to establish a Health Savings Account pursuant to the terms of the Health Savings Account Agreement and Disclosure Statement (available at [www.ahvthebancorp.com](http://www.ahvthebancorp.com)), which is incorporated into this application by reference. I authorize the bank to provide American Health Value all data necessary to maintain the account. I/We authorize the transfer of information, as necessary, from my/our account at The Bancorp Bank to my/our account at American Health Value for the purpose of providing bank account summary information.

I understand the American Health Value administrative fee will automatically be deducted from my Health Savings Account on an annual basis. In the event there are not adequate funds in my account to cover the annual fee, you may bill the credit card listed below as an alternate payment source.

	Name on Account	Account Number	Expiration
VISA/MASTERCARD		- - -	

The account holder is responsible for the establishment and maintenance of this account pursuant to Federal guidelines. American Health Value is here to assist the account holder in accomplishing this.

**HEALTH SAVINGS ACCOUNT TRUST AGREEMENT:**

I acknowledge that I reviewed the Health Savings Account Trust disclosure statement (available at [www.ahvthebancorp.com](http://www.ahvthebancorp.com)). The trustee or administrator is authorized to act without further inquiry in accordance with writings bearing my signature. I understand that I may revoke the agreement by written notice to the trustee or administrator within seven (7) days after the date of the agreement as specified below.

This deposit account is subject to all applicable rules and regulations adopted by The Bancorp Bank. My signature acknowledges my acceptance of the Truth in Savings Disclosure governing these accounts. The Bancorp Bank may order a consumer report from a credit-reporting agency in order to evaluate whether to issue a Debit Card for those consumers who have applied. The Truth in Savings Disclosure is available at [www.ahvthebancorp.com](http://www.ahvthebancorp.com).

I authorize my Benefit Administrator, American Health Value, and/or The Bancorp Bank (Bank) to make credit and debit entries to my Checking Account/HSA (Account), where the Bank is the custodian thereof, for the sole purpose of correcting any contributions that may be made in error to my Account. For purposes of this Authorization, Bank may also be referred to as the Depository.

<b>Primary Applicant – Signature Required</b>	Date	<b>Authorized Signer– Signature Required</b>	Date

Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (TIN) (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding under Internal Revenue Service (IRS) regulations, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien).

**CERTIFICATION INSTRUCTIONS** – You must cross out item 2 above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHOLDING.**

<b>Primary Applicant – Signature Required</b>	Date	<b>Authorized Signer– Signature Required</b>	Date

**MAIL COMPLETED APPLICATION TO: American Health Value, P.O. Box 8063, Boise, ID 83707**

**THE BANCORP BANK**

Trustee under the agreement, hereby acknowledges receipt of the above application and successor designation.

\_\_\_\_\_  
(By Authorized Officer)