



Missouri Consolidated Health Care Plan
 PO Box 104355 • 832 Weathered Rock Court
 Jefferson City, MO 65110-4355
 Phone: 800-487-0771 • 573-751-0771
 Fax: 866-346-8785 • Web: www.mchcp.org

Send form directly to MCHCP:

Fax - 866-346-8785



Mail - PO Box 104355
 Jefferson City, MO 65110-4355



HSA Acceptance

Please print in black or blue ink. OptumHealth Bank requires a physical street address in order to set up a Health Savings Account. This address cannot be a P.O. Box and if Rural Route, must contain a mile marker.

New Address:

SECTION 1	Social Security Number:	Name:	(LAST)	(FIRST)	(MI)
	Address:	(MAILING)	(CITY)	(STATE)	(ZIP CODE)
	Address:	(PHYSICAL)	(CITY)	(STATE)	(ZIP CODE)
	Sex:	Marital Status:	Date of Birth (MM/DD/YYYY):		
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED			
Daytime Phone Number:	Alternate Phone Number:	Email Address:			
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By checking below, I acknowledge that:

- I am choosing to participate in the high deductible health plan with a health savings account.
- I hereby give permission to MCHCP to provide OptumHealth Bank with all necessary information to set up my health savings account.
- For plan year 2009, I and my spouse, if applicable, are not enrolled in a flexible medical spending account through an employer's Section 125 or Cafeteria Plan.
- I and/or any dependents (including my spouse) covered by this plan do not have any other type of health insurance coverage OR the health insurance coverage is one of the following: another qualified high deductible health plan; specified disease insurance (such as cancer insurance); insurance that pays a fixed amount per period of time for hospitalization; accident insurance; disability insurance; dental insurance; vision insurance; or long term care insurance.
- I do not have any type of Medicare coverage.
- I do not have other prescription drug coverage that provides prescription drug benefits before the deductible is met for this high deductible health plan.

By signing below, I acknowledge that:

- I wish to establish an HSA with OptumHealth Bank as custodian.
- 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 have reviewed the information contained in MCHCP's 2009 Member Handbook as well as MCHCP's web site, and understand and agree that my HSA will be opened under and governed by OptumHealth Bank's Custodial and Deposit Agreement. Terms of this Agreement will be binding on me unless I close my account within 30 days. This document will be sent to me when my account is opened, along with OptumHealth Bank's Privacy Policy and Schedule of Fees.
- I authorize OptumHealth Bank to provide information about my HSA, including my account number, to MCHCP, in connection with the establishment and maintenance of my HSA.
- I acknowledge that MCHCP may provide information on my behalf to establish and maintain my HSA.
- I understand my monthly account statements will be made available to me electronically. I agree to notify OptumHealth Bank if I wish to have statements mailed to my home address.
- If I have filled out the information to request an additional debit card, I hereby request OptumHealth Bank to issue a debit card on my account to the person indicated and I acknowledge I will be liable for the use of the debit card by the Authorized User.
- I certify that the information provided to MCHCP is true and complete.

PER THE USA PATRIOT ACT: 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. When you open the account, we will ask for your name, street 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.

SECTION 4

IMPORTANT: We cannot process your HSA without your signature. By checking the "I accept" box and signing the document, you agree that OptumHealth Bank can rely on your signature for authorization of withdrawals or other transactions on your account.

I accept.

Signature of Subscriber:	Date:
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