HSA Central

Online Account Opening

Central Bank

1) Provide your Personal Information and create your username and password to open your Health Savings Account (HSA). Your username and password will be used when logging into your HSA at HSACentral.net

Create Account

Personal Information   *Required

It's easy to open an HSA. Provide the information below, create a username and password and log into your account at hsacentral.net.

Name*	First Name / MI
	Last Name
Birth Date*	mm/dd/yyyy
Home Address*	United States
	Address Line 1
	Address Line 2
	City
	Select a state... / Zip Code
Mailing Address*	☑ Same as Home Address
Mobile Number*	( ) –
Mobile Carrier*	Select a Carrier
	Your mobile number will be used only for the purpose of servicing your benefit plan account. This information will not be used for any solicitations.
Time Zone* ❓	Select a time zone
Email Address*	
Confirm Email Address*	

2) Establish Security questions for your HSA.

Answer Security Questions

Please enter an answer to any 3 security questions to complete your user setup. To keep your information secure, you will be asked to answer 3 of these questions to complete sensitive actions within the portal such as resetting a forgotten password.
*Required

Select a question...	*	
Select a question...	*	
Select a question...	*	

Cancel   **Next**

3) Review the information.

Health Savings Account *View Details*

Health Savings Accounts (HSA) are individually owned accounts that allow people to save untaxed dollars for healthcare expenses. Interest or dividends accumulate tax-free, and reimbursement of qualified medical expenses is tax free.

HSAs work hand in hand with high-deductible health plans (HDHP). Individuals who make contributions to an HSA must be covered by an HDHP. The HDHP must satisfy minimum deductible amounts with certain out-of-pocket maximums. To review minimum deductible amounts and out-of-pocket maximums visit irs.gov. HSA account holders may not be covered by any other insurance plan that is not an HDHP or that covers benefits provided by the HDHP or below the deductible of the HDHP. There are exceptions for "permitted insurance" or "permitted coverage" products. An HSA must be set up with a qualified custodian. The Central Trust Bank serves as custodian for HSA Central, a division of Central Bank.

* The information provided on this page is general in nature and does not reflect the views of the custodian bank and should not be relied upon as tax or legal advice. This information does not amend any provision of the custodial documents and agreements.

4) Click the *Read and agree* link to accept the Agreements and Disclosures for your HSA.

You must accept the terms and conditions for this account by reviewing and accepting all agreements listed below.

Adoption Agreement	Read and agree ✅ Agreed
Custodial Agreement and Disclosure Statement	Read and agree
Electronic Disclosure	Read and agree
Privacy Policy	Read and agree
Truth in Savings Disclosure	Read and agree

5) Complete your Demographic information including SSN and phone number.

Demographic Information * = required field

First Name:*	Matilda
Middle Initial:	M
Last Name:*	Money
Social Security Number:*	☐ - ☐ - ☐
Birth Date:*	1/1/1982
Gender:	Select a gender... ▾
Marital Status:	○ Married ○ Single

Contact Information

Home Address:

Country:*	United States ▾
Address Line 1:*	238 Madison St
Address Line 2:	
City:*	Jefferson City
State:*	Missouri ▾
Zip Code:*	65101
Mailing Address:	☑ Same as Home Address
Home Phone:*	(☐) ☐ - ☐
Email Address:*	MatildaMoney@gmail.com
Confirm Email Address:*	MatildaMoney@gmail.com

By providing an email address, you will receive communications electronically about your account instead of paper documents. Your email address will not be shared or used for any other purpose.

6) Add any dependents or a spouse to your HSA profile. This makes it easy to associate healthcare expenses with specific individuals within your household, assign them as beneficiaries later, or issue them an HSA Central Debit Mastercard used for eligible healthcare expenses related to your HSA.

HSA Enrollment: Dependents

Agreements ⟩ Profile ⟩ Dependents ⟩ Eligibility ⟩ Payments ⟩ Beneficiaries ⟩ Summary ⟩ Confirmation

* = required field

Complete the dependent information below if you have any dependents and click the *Add Dependent* button to add the dependent. If you do not have any dependents or when you have added all of your dependents, click the *Next* button.

First Name:*	
Middle Initial:	
Last Name:*	Money
Social Security Number:	[ ]-[ ]-[ ]
Birth Date:*	
Gender:	Select a gender... ▼
Full Time Student:*	○ Yes ● No
Relationship:*	Spouse ▼

Add Dependent

7) Ensure you meet the eligibility requirements and have a high-deductible health plan to open the HSA. Check the box to certify you're eligible. Select your health plan's level of coverage from the drop down.

HSA Enrollment: Eligibility

Agreements ⟩ Profile ⟩ Dependents ⟩ Eligibility ⟩ Payments ⟩ Beneficiaries ⟩ Summary ⟩ Confirmation

Health Savings Account Qualification

* = required field

To be eligible for an HSA, you must meet the following requirements. You are solely responsible for ensuring that you meet these requirements and are eligible for an HSA and for determining you remain eligible in the future.

You are an eligible individual and may make or receive an HSA regular contribution if, with respect to any month, you:

a. are covered under a high-deductible health plan (HDHP);
b. are not covered by any other type of health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage);
c. are not enrolled in Medicare; and
d. may not be claimed as a dependent on another person's tax return.

You are eligible for an HSA if you have coverage for any benefit provided by permitted insurance. An example of permitted insurance is insurance for a specific disease or illness, such as cancer insurance. In addition, you are eligible for an HSA if you have coverage (whether provided through insurance or otherwise) for accidents, disability, dental care, vision care, or long-term care.

You cannot be covered by a first-dollar full coverage health flexible spending account (FSA) or a health reimbursement arrangement (HRA). You can be covered by a limited purpose or post-deductible FSA or HRA and a retirement or suspended HRA.

Other circumstances may affect your eligibility to establish or contribute to an HSA. Refer to IRS Publication 969, "Health Savings Accounts and Other Tax Favored Health Plans" for more information about special rules that affect eligibility. You may download a copy of this publication from www.irs.gov. The publication is also available by calling 1-800-829-3676.

☐ I certify that I meet the qualifications to open a Health Savings Account

8) Select the Issue Card box to have your HSA Central Debit Mastercard mailed to you. You can also add a bank account that will make it easier later to reimburse yourself for eligible medical expenses where you might not have used your HSA Central debit card or to add additional contributions to your HSA.

Debit Card
Your Debit Card provides convenient access to your benefit dollars. Use the card to pay qualified medical expenses for you and your qualified dependents.

4036 1234 5678 9010
12/20
E BROWN
Debit
VISA

Name		Accounts Available on Card	Card Shipped To
Matilda Money	☑ Issue Card	Health Savings Account	238 Madison St Jefferson City, MO 65101

Reimbursement Method
How would you like to receive distributions?

◉ **Direct Deposit**
   Signing up for direct deposit will allow your disbursements to be deposited in your designated bank account.

○ **Check**
   A reimbursement check will be sent via U.S. mail based on your normal reimbursement schedule.

9) Add your Beneficiaries by completing the fields, or you can select dependents you previously added.

You may designate a beneficiary for your Health Savings Account. The designated beneficiary will receive your HSA assets in the event of your death.

If you are married in common law or in a community property state, you must designate your spouse as your Primary Beneficiary. You can change beneficiaries by submitting a notarized Beneficiary Change Form with your spouse's signature of consent.

Please complete the fields below with the requested beneficiary information.

First Name:*	Matt
Middle Initial:	M
Last Name:*	Money
Social Security Number:*	888 - 55 - 4444
Birth Date:*	02/02/1982
Address Line 1:*	238 Madison St
Address Line 2:	
City:*	Jefferson City
State:*	Missouri
Zip Code:*	65101
Type:*	◉ Primary ○ Contingent
Relationship:*	Spouse
Share Percentage:*	100

Add Beneficiary

10) Verify the information you entered is correct.

HSA Enrollment: Summary

➡ Agreements ➡ Profile ➡ Dependents ➡ Eligibility ➡ Payments ➡ Beneficiaries ➡ Summary ➡ Confirmation

Please verify the following information is correct and click Next to continue your enrollment.

Profile   [Update]

Name:	Matilda M Money	Home Address:	238 Madison St
Social Security Number:	999883333		Jefferson City, MO 65101
Birth Date:	1/1/1982		United States
Gender:		Mailing Address:	238 Madison St
Marital Status:	Married		Jefferson City, MO 65101
			United States
		Home Phone:	(555) 666-8888
		Email Address:	MatildaMoney@gmail.com

Dependents   [Update]

No dependents

Eligibility   [Update]

Qualifying Health Plan Coverage
Coverage Level: Individual

Payment Method   [Update]

Benefits Debit Card
Cards Issued to:
Matilda Money

Direct Deposit

Account Usage:	Direct Deposit
Bank Name:	CENTRAL BANK
Account Type:	Checking
Routing Number:	086500634
Account Number:	xxxx3456

You have selected Direct Deposit as your reimbursement method. You must complete and submit the Direct Deposit Form* in order to setup your direct deposit account.

Beneficiaries   [Update]

11) Check the boxes for final authorization and Submit.

HSA Enrollment: Creation Authorization
▶ Agreements ▶ Profile ▶ Dependents ▶ Eligibility ▶ Payments ▶ Beneficiaries ▶ Summary ▶ Confirmation

By submitting the enrollment, you are requesting that a Health Savings Account be opened in your name.

☑ I affirm that all information I have provided is true and accurate and may be relied upon by the HSA Custodian.

☑ I understand the eligibility requirements for the type of Health Savings Account deposit I am making and I state that I do qualify to make the deposit.
I acknowledge that I have read and agree to be bound by the account rules and regulations applicable to the Health Savings Account established by the Health Savings Account Custodial Agreement and Disclosure Statement as they may be amended from time to time.

I also agree to the custodians' agreements, rules and regulations and disclosures applicable to this account and any additional account that I establish with the custodian.

I assume complete responsibility and agree to hold the custodian harmless in connection with the following:

1. Determining that I am eligible for a Health Savings Account each year that I make a contribution;
2. Ensuring that all contributions I make are within the limits set forth by the tax laws; and
3. The tax consequences of any contribution (including rollover contributions) and any distributions directed or authorized by me.

I have not received any tax or legal advice from the custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with all related laws.

I certify, under penalties of perjury, that:

1. The number shown in this application is my correct taxpayer identification number (TIN); and
2. I am not subject to backup withholdings.

I understand that my Health Savings Account is not effective until accepted by the custodian. I certify that:

1. The information entered on this application is accurate;
2. Unless I expressly inform you to the contrary in writing, any contribution made by me into the Health Savings Account should be considered as a contribution for the then-current tax year; and
3. Any withdrawal from my Health Savings Account will be made for a "qualified medical expense".

☐ I certify that I have received a copy of the Custodial Agreement, Disclosure Statement, Adoption Agreement, Electronic Disclosure and the Privacy Policy. I have not received any tax or legal advice from the Custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the Custodian harmless against any and all claims or losses arising from my actions.

12) Your HSA enrollment is complete.

HSA Enrollment: Confirmation
▶ Agreements ▶ Profile ▶ Dependents ▶ Eligibility ▶ Payments ▶ Beneficiaries ▶ Summary ▶ Confirmation

✅ Successfully Enrolled in Health Savings Account

Congratulations, you have enrolled in your Health Savings Account. Please print this page for your records.

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