



Please Mail To:

AmeriHealth Insurance Company
 P.O. BOX 41574
 Philadelphia, PA 19101-1574

Health Savings Account (HSA) Enrollment Request for The Bancorp Bank (Bancorp)

AmeriHealth has a preferred relationship with The Bancorp Bank to provide HSA services. Please complete this form to open a Health Savings Account with The Bancorp Bank.

Instructions:

1. To avoid processing delays, please complete all fields on the application. The shaded field is the only optional field; all other fields are required.
2. Give completed form to your Benefits Administrator or Independent Broker.
3. Please do not submit check contributions with this form.

SECTION 1. HEALTH PLAN INFORMATION

Group Number *(completed by your Administrator)* _____

SECTION 2. EMPLOYEE INFORMATION

Name (First, Middle, Last):	Birthdate:	SSN:
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Email Address: _____

Address-Street:	City,State	Zip Code
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Address-2:	City,State	Zip Code
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Home Phone:	Evening Phone <i>(Optional)</i>
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SECTION 3. SIGNATURE AND VERIFICATION

Yes, please send my enrollment information to **The Bancorp Bank** to enroll me in a Bancorp HSA.

Signature: _____ Date: _____

IMPORTANT: We cannot process this application without your signature.

Please read before signing above

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 assume complete responsibility for:

1. Determining my eligibility for an HSA each year I make a contribution.
2. Ensuring all contributions made to my account are within the limits set forth by the tax laws.
3. Any tax consequences of contributions (including rollover contributions) and distributions.