

AFFIRMATION POINTS

Affirmation Enrollment Method

By enrolling in a Health Savings Account, I acknowledge and certify that:

- I wish to establish a health savings account (“HSA”) with OptumHealth Bank as custodian.
- I understand the eligibility requirements for deposits made to my HSA and state that I qualify to make deposits to this account. I have reviewed this information and understand and agree that my HSA will be opened under and governed by OptumHealth Bank’s Custodial and Deposit Agreement and that the terms and conditions therein will be binding on me. 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 my employer (if applicable) and those acting on behalf of my employer or OptumHealth Bank (if applicable), in connection with the establishment and maintenance of my HSA.
- I acknowledge that my employer and all others acting on behalf of my employer (if applicable), may provide information on my behalf to establish and maintain my HSA and authorize my employer and its designee to take such action deemed necessary and appropriate by my employer to administer my HSA, including but not limited to, making deposits and correcting errors where necessary.
- 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.
- I have requested a MasterCard Prepaid Debit Card and 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. (If enrollment file contains secondary cardholder fields then entire bullet point is required. If not, then only portion of bullet point required is the following: I have requested a MasterCard Prepaid Debit Card.
- I certify that the information provided to my employer 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.

If you are providing an electronic signature,

IMPORTANT: We cannot process your HSA without your electronic signature. By clicking "yes", you agree that we can rely on your electronic signature for authorization of withdrawals or other transactions on your account.

If you are providing a wet signature,

IMPORTANT: We cannot process your HSA without your signature. By signing, you agree that we can rely on your signature for authorization of withdrawals or other transactions on your account.