HSA Trustee Selection Form Ball State University

Employee Name:			Date of Birth:	
Ball State ID Number:			Social Security Number	
Home Address:		Number & Street		
Email Address	City	State	Zip Code Daytime Phone Number:	
Ball State University has limited the HSA Trustees to whom it will send contributions. You will be responsible for managing your HSA, including choosing how your HSA funds are invested and following the rules outlined by the IRS. Once your contributions have been deposited in your HSA, you will have a non-forfeitable interest in the funds and you will be free to request a distribution of the funds or to move them to another HSA provider, to the extent allowed by law. HSABank: For administrative convenience, the University has chosen to make HSA contributions for eligible employees by direct deposit to HSAs established at HSABank. HSABank is an authorized HSA trustee. HSABank is the sole institution to which the University will make employer contributions. I would like HSABank to be the custodian of my Health Savings Account (HSA). Please send me the Welcome Kit from HSABank. Please make my HSA contributions payable to HSABank.				
By signing this form and returning it to my Employer, I am designating my selection of an HSA Trustee. I agree that I will notify my Employer immediately in writing if there are any changes to my HSA Trustee.				
Employee Sign	nature: Signature R	(equired	Date:	

Please return this form ASAP to the Payroll and Employee Benefits Department. We are located in the Administration Building, room G29. You may also fax your completed form to 285-6612.