HSA Trustee Selection Form
Ball State University

Employee Name: _____ Date of Birth: _____

Ball State ID Number: _____ Social Security Number _____

Home Address: _____
Number & Street

_____
City State Zip Code

Email Address _____ 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 Signature: _____ Date: _____
Signature Required

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.