

Health Savings Accounts Online Application Instructions



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HSA Online Application

www.forumcu.com/open-account

Click on Open Now next to Health Savings

forumcu.com/open-account

Schedule an appointment Find a Location Login

Open A New Account

Account Type	Click	Visit	Call for Information
Savings Accounts	Open Now	Find a Branch	317-558-6299
Checking Account	Open Now	Find a Branch	317-558-6299
Health Savings Account (HSA)	Open Now	Find a Branch	317-558-6299

In order to open an IRA, Trust, Business, or Estate Account, please visit a **branch location** or call **800-382-5414** for more information.

To open a **Youth Savings Account** or **Sprout College Savings Account** please **visit a branch** location with two forms of identification for the child (ie. birth certificate, social security card), as well as your personal identification for proof of guardianship.

Add an Account

Already a FORUM member? If you wish to add a **Certificate** or have questions about opening other accounts please call **800-382-5414**, **chat**, visit a **branch location**, or send us a **Secure Email**.

Live Chat

Start the application

Click on Basic Savings and Health Savings Account. Note: If you are a current FORUM Member only select Health Savings Account

The screenshot displays the FORUM Credit Union website's account selection interface. The header includes the FORUM Credit Union logo, navigation links for 'Products' and 'Sign In', and a shopping cart icon labeled 'products'. The main content area features a grid of nine account options, each with a title, description, and a 'Select' button. The 'Basic Savings' and 'Health Savings Account' cards are circled in red. The 'Apply Now!' button on the right is highlighted with a yellow box.

Account Type	Description	Action
Basic Savings	MEMBERSHIP SAVINGS WITH A MINIMUM \$5 DEPOSIT <small>*See unique account features for full details. Select applicable accounts to open, then select "Apply Now" on the right hand side.</small>	Selected
YOUR Checking	SIMPLE CASH OR COMPETITIVE DIVIDEND REWARD OPTIONS <small>*See unique account features for full details. Select applicable accounts to open, then select "Apply Now" on the right hand side.</small>	Select
Health Savings Account	SAVE AND PAY FOR QUALIFIED MEDICAL EXPENSES <small>*See unique account features for full details. Select applicable accounts to open, then select "Apply Now" on the right hand side.</small>	Selected
Student Checking	DESIGNED FOR STUDENTS AGED 14 TO 24 <small>*See unique account features for full details. Select applicable accounts to open, then select "Apply Now" on the right hand side.</small>	Select
Special Savings	SECONDARY SAVINGS ACCOUNT <small>*See unique account features for full details. Select applicable accounts to open, then select "Apply Now" on the right hand side.</small>	Select
CommonCents	AUTOMATE SAVINGS WITH EVERY DEBIT CARD TRANSACTION <small>*See unique account features for full details. Select applicable accounts to open, then select "Apply Now" on the right hand side.</small>	Select
Santa Savings	PERFECT PLACE TO SAVE FOR THE HOLIDAYS <small>*See unique account features for full details. Select applicable accounts to open, then select "Apply Now" on the right hand side.</small>	Select
Prestige Money Market	DESIGNED TO GIVE LIQUIDITY AND MAXIMUM RATE POTENTIAL <small>*See unique account features for full details. Select applicable accounts to open, then select "Apply Now" on the right hand side.</small>	Select
Sprout Account	A COLLEGE MATCHING ACCOUNT <small>*See unique account features for full details. Select applicable accounts to open, then select "Apply Now" on the right hand side.</small>	Select

Apply Now!

Name, Email

If you are a current FORUM member, enter Member Number

Sign In

Sign in to your profile, [Create an Online Profile](#) or continue as guest:

E-Mail:

Password:

Continue as Guest

Email Verification

Sign-In ↗

[Forgot Password?](#)

New Application

If you have questions regarding your Loan Application, please contact
317.558.6100

If you have questions regarding your Account Application, please contact
317.558.6277

First Name:

Last Name:

SSN:

Member:

Member Number:

Continue ➔

Apply Online

Disclosure-HSA

Qualifying

HSA Applicant Details

Upload IDs

ID Authentication

HSA Selection

Summary HSA

1%

Save

Save & Exit

Continue >

Disclosure

Check Here

☐

Apply Online

You may complete an application for a new HSA account online. Please read the disclosure information below before proceeding with the application.

By checking the box and clicking the "Continue" button, I agree to open an HSA account with FORUM Credit Union, if approved. I authorize the Credit Union to obtain my credit report to verify eligibility for the account and services requested.

I understand the eligibility requirements for the type of HSA contribution I am making, and I state that I do qualify to make the contribution. I have received a copy of the Health Savings Account Application, the 5305-C Custodial Account Agreement, and the Disclosure Statement. I understand that the terms and conditions that apply to this HSA are contained in this application and the HSA Custodial Account Agreement. I agree to be bound by these terms and conditions.

I assume complete responsibility for:

- determining that I am eligible for an HSA each year I make a contribution,
- ensuring that all contributions I make are within the limits set forth by the tax laws, and
- the tax consequences of any contributions (including rollover contributions) and distributions.

If you are not currently a primary account holder, a base share savings account will be added in addition to the products you selected. The base share savings account is a required account to be a FORUM Credit Union member.

Save

Save & Exit

Continue >

Qualification Questions

Qualifying

Is any applicant on this account a FORUM employee?:

No

Did you hear about FORUM through your employer?:

Yes

If yes, select your employer:

Select your employer from the drop down list

Are you a relation of an existing FORUM member?:

No

If yes, member's first name:

Relationship:

If yes, member's last name:

Member Number:

Do you live or work in a qualifying county or township?:

No

If yes, select county/township:

Promo Code (if applicable):

< Previous

Save

Save & Exit

Continue >

Name, Address, ID

Every field with a red dot is required

Personal Information	
Basic Information	
<input type="text" value="First Name:"/>	<input type="text" value="SSN:"/>
<input type="text" value="Middle Name:"/>	<input type="text" value="Birth Date:"/>
<input type="text" value="Last Name:"/>	
<input type="text" value="Suffix:"/>	
<input type="text" value="Citizenship Country:"/>	<input type="text" value="Citizenship Status:"/>
<input type="text" value="ID Type:"/>	<input type="text" value="Secondary ID Type:"/>
<input type="text" value="ID State:"/>	<input type="text" value="Secondary ID State:"/>
<input type="text" value="ID Number:"/>	<input type="text" value="Secondary ID Number:"/>
<input type="text" value="ID Issue Date:"/>	<input type="text" value="Secondary ID Expiration Date:"/>
<input type="text" value="ID Expiration Date:"/>	<input type="text" value="Employer:"/>

Contact information, Address

Contact Information	
<input type="radio"/> Preferred Contact Method:	<input type="text"/>
<input type="radio"/> Home Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>
<input type="radio"/> Email:	<input type="text"/>
<input type="radio"/> Consent to Electronic Communication:	<input type="text"/>
	By selecting "Yes", I agree to receive email communication from FORUM. I can opt out at any time.
Current Address	
<input type="radio"/> Address:	<input type="text"/>
Address Line 2:	<input type="text"/>
<input type="radio"/> City:	<input type="text"/>
<input type="radio"/> Zip:	<input type="text"/>
<input type="radio"/> Address Start Date:	<input type="text"/>
Length At Address:	<input type="text"/>
<input type="radio"/> State:	<input type="text"/>

Alternate Address

Address:

City:

Address Line 2:

State:

Zip:

Use this as my
mailing address: ☐

Previous Address (if Current Address is less than 2 years
old)

Previous

Address:

Previous

Address City:

Previous

Address Line 2:

Previous

Address State:

Previous

Address Zip:

Alternate address
and
previous address

Backup
Withholding

Backup Withholding

By selecting one of the statements below and under penalties of perjury, I certify the number shown on this form is my correct taxpayer identification number (social security number) or I am waiting for a number to be issued; I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7) and the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. I agree to the following statement:

Backup Withholding

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

or

I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return. I will complete a W-8 BEN if I am not a U.S. person. If a W-8 BEN is completed, my signature does not serve to certify this section.

☒ I am: not subject to backup withholding

Exempt payee

code (if any):

Exemption from

FATCA reporting

code (if any):

Select Plan Type: Individual or Family

Insurance Coverage

● Select Plan
Type:

Joint Owner

If you would like to add a person who is authorized to use your Health Savings Account*, such as a spouse, please open a Single-Owner account and call, use online chat from forumcu.com, or visit any branch location to add this authorized signer to your account.

*An authorized signer is a person you allow to transact business with and give instruction to FORUM Credit Union regarding your HSA. They can make deposits or withdrawals, receive and obtain access to account information, including balances and transactions, and endorse any instruments such as checks.

◀ Previous

📁 Save

📁 Save & Exit

Continue ▶

Upload IDs

Disclosure-HSA

Qualifying

HSA Applicant Details

Upload IDs

ID Authentication

HSA Selection

Summary HSA

44%

◀ Previous

📁 Save

📁 Save & Exit

Continue ▶

Document Upload

📁 Upload

Please attach one of the following photo IDs for each applicant:

- Driver's License
- State ID
- US Passport
- Permanent Resident Card
- Matriculate Consular/Matriculate Card

Please do not upload a copy of a Military ID

If the applicant is a minor, please upload a copy of their Social Security Card.

There are no documents uploaded.

◀ Previous

📁 Save

📁 Save & Exit

Continue ▶

ID Authentication

ID Authentication

In which city is ANY STREET?

- ☐ MINOT
- ☐ ATLANTA
- ☐ ALMO
- ☐ PAULDING
- ☐ None of the above

In which county have you lived?

- ☐ MARENGO
- ☐ CAMDEN
- ☐ CLEAR CREEK
- ☐ FULTON
- ☐ None of the above

When did you purchase or lease your Ford Expedition?

- ☐ December 2006
- ☐ April 2008
- ☐ January 2010
- ☐ July 2010
- ☐ None of the above

1. Disclosure-Membership 2. Qualifying 3. Applicant Details 4. Account Products 5. ID Authentication

6. Summary Membership

< Previous Save Save & Exit Continue >

ID Authentication

Applicant Name Not Verified

< Previous Save Save & Exit Continue >

ID
Authentication
not verified.
Someone will
reach out to
you.

< Previous Save Save & Exit Continue >

ID Authentication

Applicate name Thank you! Your identification has been verified.

< Previous Save Save & Exit Continue >

ID
Authentication
verified

Employer Opt In

Employer Information

By checking the box, I agree to allow FORUM to share my HSA information with my employer.

Employer Opt In: ☐

CURRENT MARITAL STATUS

I am not married - I understand that if I become married in the future, I should review the requirements for spousal consent.

I am married - I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse should sign the Consent of Spouse section of the Custodial Application.

Current Marital Status

☒ **HSA Marital Status:**

Primary Beneficiaries

I elect not to
designate
beneficiaries at
this time: ☐

Name:

Address:

City/State/Zip:

Date of Birth:

Relationship:

Tax ID (SSN/TIN):

Percent
Designated:

Name:

Address:

City/State/Zip:

Date of Birth:

Relationship:

Name:

Address:

City/State/Zip:

Date of Birth:

Relationship:

Tax ID (SSN/TIN):

Percent
Designated:

Name:

Address:

City/State/Zip:

Date of Birth:

Relationship:

CONTINGENT BENEFICIARIES

Contingent Beneficiaries

The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the HSA owner.

Contingent Beneficiaries Selection

Name:

Name:

Address:

Address:

City/State/Zip:

City/State/Zip:

Date of Birth:

Date of Birth:

Relationship:

Relationship:

Tax ID (SSN/TIN):

Tax ID (SSN/TIN):

Percent
Designated:Percent
Designated:

Name:

Name:

Address:

Address:

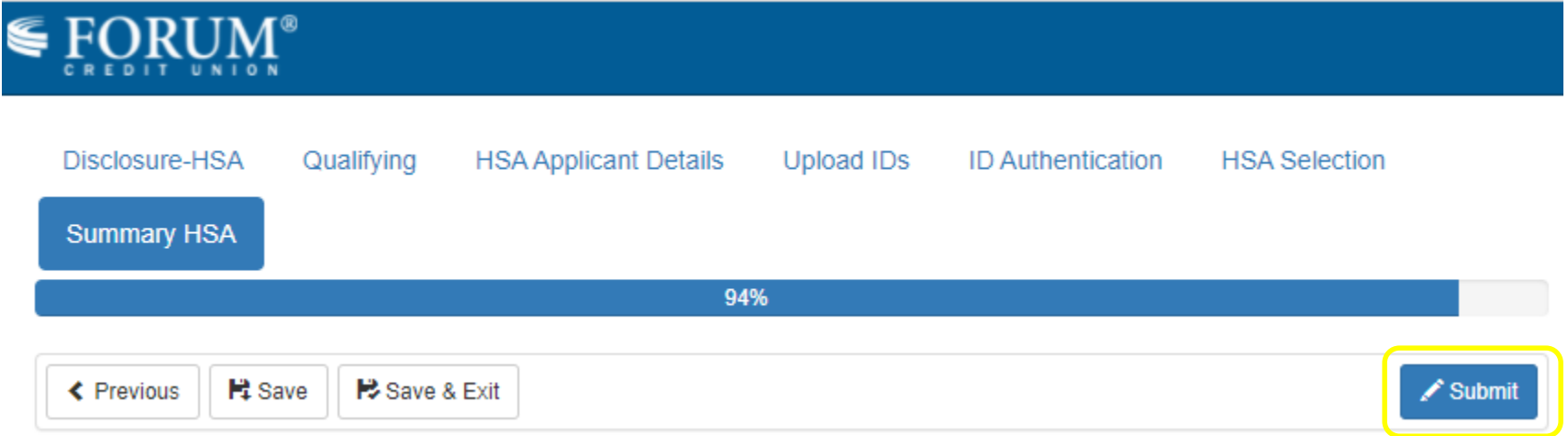
City/State/Zip:

City/State/Zip:

Date of Birth:

Date of Birth:

Submit



The screenshot shows the FORUM Credit Union logo at the top left. Below it is a horizontal navigation bar with the following links: Disclosure-HSA, Qualifying, HSA Applicant Details, Upload IDs, ID Authentication, and HSA Selection. Below the navigation bar is a blue button labeled "Summary HSA". Below the button is a progress bar that is 94% complete. Below the progress bar is a row of four buttons: "Previous", "Save", "Save & Exit", and "Submit". The "Submit" button is highlighted with a yellow border.

FORUM[®]
CREDIT UNION

Disclosure-HSA Qualifying HSA Applicant Details Upload IDs ID Authentication HSA Selection

Summary HSA

94%

◀ Previous 📁 Save 📁 Save & Exit ✎ Submit

No further action needed after application is submitted. Do not complete the Fund Your HSA screen.

Final Step

- Look for an email from FORUM to complete the application. You'll need to review and sign electronically.
- Once processed, you will receive another email from FORUM which includes your HSA Account Number and Member Number.
- Be sure to provide your HSA Account Number to your employer to ensure your funds are set up.

Additional Information

- Use your Member Number to set up online access to your account through FORUMcuonline.com
- You'll receive an HSA Debit card in 7-10 days. A PIN number is mailed separately.