An HSA for your HDHP

High Deductible Health Plan *from* TakeCare℠

WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

An HSA is a tax-exempt savings account that is a COMPONENT of your Federal High Deductible Health Plan (HDHP) Option. An HSA provides a financial means to help you pay for current medical expenses and save for those in the future[1].

[1] A Health Reimbursement Arrangement (HRA) is available if you do not qualify for an HSA. See your FEHB Brochure for details.

What are the benefits of a HSA?

When you enroll in an HDHP Option, each month the Plan will contribute a portion of your health plan premium into your HSA. In addition to our monthly contribution, you have the option to make additional tax-free contributions to your HSA, so long as total contributions do not exceed the limit established by law. You can use funds in your HSA to help pay your health plan deductible, coinsurance, or other eligible medical expenses. You own your HSA, so the funds can go with you if you change plans or employment.

You need to sign up for an HSA

If you enroll in an HDHP Option, you also need to sign up for an HSA. Why? Because your HDHP Option entitles you to credits that are deposited monthly into your HSA. However, in order to receive those credits, you must enroll for an HSA by completing the reverse side of this form and return it to us. If you enroll in the HDHP Option and do not return to us this completed HSA registration form, TakeCare will not be able to credit your HSA the funds that would otherwise be deposited into your HSA each month.

Why HDHP & HSA?

Security - Your high deductible insurance and HSA protect you against high or unexpected medical bills.

Affordability - You should be able to lower your health insurance premiums by switching to health insurance coverage with higher deductible.

Flexibility - You can use the funds in your health savings account to pay for current medical expenses, including expenses that your insurance may not cover, or save the money in your account for future need (eligible expense).

Savings - You can save the money in your account for future medical expenses and grow your account through investment or interest earnings.

Control - You make all the decisions about:

- ▶ How much money to put into the account
- ▶ Whether to save the account for future expenses or pay current medical expenses Which medical expenses to pay from the account
- ▶ Whether to invest any of the money in the account
- ▶ Which investments to make

Portability-The account is yours and is completely portable.

Ownership - Funds remain in the account from year to year, just like an IRA. There are no "use it or lose it" rules for HSAs.

Tax Savings - An HSA provides you triple tax savings:

1) tax deductions when you contribute to your account
2) tax-free earnings through investments
3) tax-free withdrawals for qualified medical expenses

HDH Plan from TakeCare

TakeCare℠

Premium Pass-through Form

1 Employee Name ▼ LAST NAME FIRST NAME M.I. | 2 Social Security No. ▼

3 Gender ▼ ❍ M ❍ F | 4 Date of Birth ▼ / / | 5 Home Telephone No. ▼ | 6 Work Telephone No. ▼

7 Mailing Address ▼ P.O. BOX / STREET ADDRESS VILLAGE STATE ZIP CODE

8 Email Address ▼

9 HSA Eligibility - Do any of the following apply to you?

(1) Are you enrolled in Medicare?
(2) Can you be claimed as a dependent on someone else's tax return?
(3) Have you received VA benefits within the last three (3) months?
(4) Do you have other health insurance coverage other than another high deductible health plan (including Tricare and VA coverage)?

❒ **Yes** - By answering 'yes' you may not be eligible to participate in the HSA.
Please contact ASC Trust Fund at (671) 477-2724 to establish your Health Reimbursement Arrangement (HRA).

❒ **No** - Please complete all sections below.

10 Group / Employer (Agency) Name ▼ | 11 Effective Date of Enrollment ▶ / /

12 Medical Coverage ▶ ❒ **High Deductible Health Plan**
❍ Guam ❍ CNMI ❍ Palau

13 Medical Class ▶
❍ Self Only ❍ Self Plus One ❍ Self & Family

14 Fiduciary ▶ ❒ **Health Savings Account**
❍ ASC Trust Fund ❍ Bank of Guam ❍ Other _____

FIDUCIARY INFORMATION

1 Financial Institution ▼

2 Mailing Address ▼ P.O. BOX / STREET ADDRESS VILLAGE STATE ZIP CODE

3 Account Number▼ | 4 ABA/Routing Number▼

HEALTH SAVINGS ACCOUNT RELEASE INFORMATION

TO: Financial Institution: _____

Please accept this as authorization to disclose to TakeCare Insurance Company, Inc. my health savings account number.

By signing this I affirm that the information provided above is true and correct to the best of my knowledge.

Employee Signature _____ Date _____

PLEASE SUBMIT THIS FORM TO TAKECARE'S CUSTOMER SERVICE OFFICE LOCATED AT BALTEJ PAVILION, STE. 108, TAMUNING.
TEL: (671) 647-3526 TOLL FREE: 1-877-484-2411 FAX: (671) 647-3544

For TakeCare Use Only

ACCOUNT NUMBER ▶ | STATUS ▶ | EFFECTIVE DATE ▶

PASS-THROUGH AMOUNT ▶