

## Health Savings Online Account Opening

Follow the steps below to open a Health Savings Account online with STAR.



Click Cosmo Kids Club or Health Savings Account (HSA)



Special Accounts	8
Select your account type	
Please select Im	•
Please select	
Cosmo Kids Club Health Savings Acct (HSA)	
Or Go Back	

Select Health Savings Account (HSA)





Click the + next to Applicant.

	Special Accounts	8
Select y	your account type	
Health Sav	vings Acct (HSA)	•
Add yo	ur applicant roles	
Applicant*	•	_lhn <sup>C</sup>
Authorize	d Signer	
	*Required Roles	
	Continue	
	Or Go Back	

	Add Applicant	8
Applicant		
First Name *		
Last Name *		
Applicant		•
This is my role		
	*Required	0
Cance		Ad

Input Applicant First Name and Last Name. Check the box that states: "This is my role" Select **Add**.

If you would like to add an Authorized Signer to your HSA, select the + next to Authorized Signer and continue..

Then click **Continue**.

Special Accounts	×	
Select your account type		
Health Savings Acct (HSA)	•	
Add your applicant roles		
Add your applicant roles Applicant*	•	
Add your applicant roles Applicant* Authorized Signer	the second secon	





	Add Applicant		×
Applicant			
First Name *			
Last Name *			
Role *			2
Authorized Signer			Ŷ
This is my role	*De oudee d		
	Required		
Cancel		Add 🖑	

Input Authorized Signer First Name and Last Name. Do not check the box that states: "This is my role"

Select Add.

	Special Acco	ounts	8
Select you	r account ty	/pe	
Health Savings A	acct (HSA)		
Add your a	pplicant rol	les	
Applicant*			C
Authorized Sign	her		C
	*Required Ro	oles	
Your applic	ants		
Test Tester (App	plicant)	N	ø 🗵
Authorized Sign	ner (Authorized Si	Igner)	

## **VERIFY YOUR APPLICANTS**

Applicant and Authorized Signer names.

Select **Continue**.



Enter the Zip Code of your physical address.





Under Available Products, Select the + sign.

Then select **Continue**.

	Apply in ③Steps	
⊖ Getting Start	ted	
Enter your ZIP Code	2*	
46809		
Social Security Numi     Funding Information     Available Products	ber	
Health Savings		0
Max APY 0:00%	Min Deposit \$0.00 Max Deposit \$5,000 0	
APY (Annual Pelcentage Yeld)	*Required Fields)	

Interception Health Savings Account (HSA) is a tax-free way for people covered by high- sluctble insurance, or a High-Deductible Health Plan (HDHP), to put funds aside tricipated healthcare expenses. Tiered Rates/Annual Percentage Yield according jur balance. Only regular, current year contribution HSA's can be opened online. I pu would like to transfer an existing HSA or make a prior year contribution, please op by one of our branch locations for assistance.				
Interest Rate	APY	Minimum Balance	Minimum Deposit	Term (months)
0.01%	0.01%	N/A	\$0.00	N/A
0.01%	0.01%	\$500.00	\$0.00	N/A
0.01%	0.01%	\$2,500.00	\$0.00	N/A
0.03%	0.03%	\$5,000.00	\$0.00	N/A
0.03%	0.03%	\$10,000.00	\$0.00	N/A
elect feat	ure(s)			
Debit Ca	rd			

Select the features: -If you would like a debit card for this account, select that option -If the Authorized Signer would like a debit card, select that option

## ADDITIONAL FEATURES

-Answer these question

Read the Health Savings Account Truth in Savings. Check Yes.

Read the Heath Savings Account Custodial Agreement. Check Yes.

Select Add Account

What has at booth increases contract do you have?*	
what type of nearth insurance coverage do you have?	
	•
Would you like us to order your first box of STAR custom checks?*	L
	•
Please enter a promo code if applicable:	
I have read and understand Health Savings Account - Truth in Savings.*	
Yos	
I have read and understand Health Savings Account Custocial Agreement.*	
Vos	





Tell Us Abo  General Informatio	out The Applicant		urrent Physical Address	Employment			
	-			Prose Secol.			
Cold of No. And to per- te observations with your Dearth States			9" 2000 20"	Primary ID Card			
int Name*			Acute werket	O from			
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tobe Name			Indexe	O Narber*			
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		_					
anang salahi kana		_	all Phone (see) con-cone			Required Fand(s)	
Lemmine Status		_					
10.0228			N				

Input Applicant Information.

Input Authorized Signer Information (If applicable)

0.101.0170		a orginal		Imployment Status <sup>4</sup>		
General Informat	tion			-Please Solid-		
Chil is the here to pro- tic information with your show's features				Primary ID Card		
ford Name *				DRIVERS LICENSE		
Authorized				D Number*		
Hidde Name						
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and Name				-Please Solid-		
Signe				D Date how of		
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Distantia Data						



## Funding

Click on the \$0.00 (0.00% APY) to Specify the amount to deposit (\$0.00 to \$5,000)

Enter the amount to deposit (can be 0) and select **Accept** 





nterest Late	APY	Minimum Balance	Minimum Deposit	Term (months)
.01%	0.01%	NA	\$0.00	NA
.01%	0.01%	\$500.00	\$0.00	N/A
01%	0.01%	\$2,500.00	\$0.00	N/A
.03%	0.03%	\$5,000.00	\$0.00	NA
.03%	0.03%	\$10,000.00	\$0.00	NA
ecify the	amount	to deposit (\$5	,000.00 max)	

Select how you would like to fund your account. If you do not want to fund your account at this time, select Not Funding at the Time.

Select **Continue**.

Review your information. Answer a Few More Questions. Read, Sign and Submit the disclosures.

Select **I Agree**.

Just a Few More	Questions			
Do you plan to use our extern	al transfer or wire services?	*		
Yes				•
My taxpayer identification nur	mber is correct.*	Im		
🛃 Lagree		0		
am not subject to backup wit	thholding.*			
Agree				•
Read, Sign ar four application is not comple Email me all below dis	Id Submit* te until you read the disclosu sclosure link(s)	res below and click the	"I Agree" button in order to	submit your application
I have read and undersi	tand the Terms and Condition	05-		
I have read and undersi	tand the Funds Availability D	Asclosure.		
I have read and undersi	tand the Electronic Funds Tr	ansfer Disclosure.		
<ul> <li>Emacy Eality</li> <li>Security.Policy</li> <li>Schedule of Fees</li> </ul>				
		I Agree		
		Or Go Back		







If your account is automatically approved, you'll receive this message: "Register for Online Banking"

Enter a Username and Password for your online banking account.

Click **Register**.

Benk   Insurance   Private Ad	N
Register	
Username*	
Password*	
To register for online banking	g, enter a Username and a Password and select Register.
Usemane Oriteria:	
<ul> <li>Nust be unique</li> <li>at least 6 characters in la</li> </ul>	ength and no more than 20 characters.
Password Criteria:	-12
<ul> <li>must be at least twelve (</li> <li>coetsin at least one lower</li> </ul>	12) charaders in length sickse lister
<ul> <li>al least one uppercase is</li> <li>al least one special char</li> </ul>	viller actev
<ul> <li>and at least one number</li> </ul>	
If you already have an online	banking profile with STAR, go to starfmancial.com and log into your online banking profile.
	*Required Field(s)
	Register

\*If your account needs to be reviewed prior to opening, you will be emailed an update regarding your account status.

