



Enrollment Agreement for Health Savings Account at UMB Bank, n.a.

Only complete and sign this form if you are enrolled in, or are enrolling in, the Blue Cross Blue Shield of Kansas City BlueSaver PPO plan and want to enroll in a Health Savings Account at UMB Bank, n.a.

This Enrollment Agreement is used in conjunction with a Blue Cross Blue Shield of Kansas City ("BCBSKC") Employee Application Form by which the undersigned Employee is applying to BCBSKC for the BlueSaver PPO

In connection with that application, Employee is electing to apply to UMB Bank, n.a., a national banking association located in Kansas City, Missouri, as Employer's Preferred Banking Institution, to open a health savings account ("HSA") at UMB.

In connection with the Employee's application to open an HSA at UMB, Employee agrees as follows:

1. Your HSA will be governed by UMB's Custodial Agreement and the HSA Deposit Account Terms and Conditions (the "**UMB HSA Documents**"). Your Employer has agreed to provide the HSA Documents to you in connection with your application. Please make sure that you get those documents from your Employer's Benefits Department. If you do not receive the documents from your Employer's Benefit Department, please call UMB at 1-866-520-4472. We will be happy to mail the HSA Documents to you free of charge.
2. The UMB HSA Documents also include UMB's Q&A on the Federal Tax Aspects of Health Savings Accounts, which provide certain basic information on HSAs under Federal law, and the UMB Privacy Policy.
3. You acknowledge that you have not relied on UMB for personal tax advice related to the HSA, but will rely on your own personal tax advisor for such advice.
4. Your HSA at UMB is governed by the UMB HSA Documents, and you will be bound by all the terms and conditions stated in the UMB HSA Documents, as they may be amended by Bank from time to time.
5. You request UMB to send you a Visa® HSA Debit Card that will access the HSA after your account has been opened. Use of the Card is governed by a Cardholder Agreement that will be sent with the Card. UMB may obtain a personal credit report on you and on each authorized user of the Card as a condition to opening the HSA and issuing the Card.
6. You understand that upon your death, all funds remaining in the HSA will be paid to your estate, unless you have on file with UMB a designation of beneficiary form in form acceptable to UMB that designates a different beneficiary.
7. You may be required to pay certain fees associated with opening or maintaining my HSA, as are disclosed in the HSA Documents. You authorize the Bank to deduct those fees from your HSA.

By signing below, you agree that your employer is authorized to provide your name, address, social security number, birth date, and other information necessary to establish your HSA at UMB to UMB. You also agree that your HSA at UMB will be governed by the UMB HSA Documents.

W-9 Certification. Under the penalties of perjury, I certify that (1) the social security number provided below is my correct taxpayer identification number (interest paid, if any, on my HSA will be reported under this number); and (2) that I am exempt from backup withholding, or I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding; and (3) that I am a U.S. person (including a U.S. resident alien).

Certification Instructions. Cross out item (2) above if you have been notified that you are subject to backup withholding because of under reporting of interest or dividends on your tax return.

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification to avoid backup withholding.

Signature X _____ Date _____

Printed Name _____ SSN _____ -- ____ --

Return this completed form to your Employer.