Enrollments

Welcome to New Hire

25 days left to complete this event

Welcome → Select Benefits — Document Upload — Summary

Please review this summary of your New Hire.

Download

Your benefit elections will not be processed until you click "SUBMIT ENROLLMENT".
You will still be able to make changes until April 27, 2021 11:59 PM EDT

SAVE FOR LATER

SUBMIT ENROLLMENT

Enrollment Summary

Per Pay Period

Plan	Effective Date	Coverage	Employer Cost	Your Cost
Medical			$367.47	**$73.21**
Aetna, Inc.: Aetna Medical HDHP, Pre-Tax Tier 3	April 1, 2021	You		
Health Savings Account			$19.23	**$119.40**
Apple-Bank FSB: Apple Bank HSA 2021, Eligible Employees	April 1, 2021	You		
Dental			$7.06	**$69.69**

SAVE FOR LATER

SUBMIT ENROLLMENT

April 1, 2021 You

Aetna, Inc.: Aetna PPO Plus Dental, Pre-Tax

April 1, 2021

You
Helen
Nguyen

Albert
Nguyen
Arthur
Nguyen

Vision

$0.00 **$8.17**

Vision Service Plan (VSP): VSP Vision, Pre-Tax

April 1, 2021

You
Helen
Nguyen
Albert
Nguyen
Arthur
Nguyen

Employee Life

$0.00 **$8.06**

First Reliance Standard Life Insurance Company: Voluntary Life - Employe, Eligible Employees **$20,000.00**

April 1, 2021

Primary Beneficiaries:
Arthur
Nguyen (30%)
Helen
Nguyen (40%)
Albert
Nguyen (30%)

Child Life

$0.00 **$0.40**

First Reliance Standard Life Insurance Company: Voluntary Life - Child/Children, Eligible Employees **$5,000.00**

April 1, 2021

Albert
Nguyen
Arthur
Nguyen

Spouse Life

$0.00 **$1.83**

First Reliance Standard Life Insurance Company: Voluntary Life - Spouse, Eligible Employees **$10,000.00**

April 1, 2021

Helen
Nguyen

SAVE FOR LATER SUBMIT ENROLLMENT

AD&D

$0.00 **$0.18**

First Reliance Standard Life

Insurance Company: FRSL - Voluntary AD&D, Eligible Employees **$20,000.00**

April 1, 2021

Primary Beneficiaries:

Arthur Nguyen (30%)
Helen Nguyen (40%)
Albert Nguyen (30%)

Spouse AD&D

$0.00 **$0.09**

First Reliance Standard Life Insurance Company: FRSL Voluntary Spouse AD&D, Eligible Employees **$10,000.00**

April 1, 2021

You
Helen Nguyen

Parking

$0.00 **$27.78**

Benefit Resource, Inc.: Parking 1. Pre-Tax - 2021, Eligible Employees

April 1, 2021

You

Transit

$0.00 **$135.00**

Benefit Resource, Inc.: Transit 1. Pre-Tax 2021, Eligible Employees

April 1, 2021

You

Per Pay Period: $393.76 **$443.81**

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SAVE FOR LATER SUBMIT ENROLLMENT

Apple Bank

Enrollments

Welcome to New Hire

25 days left to complete this event

Welcome → Select Benefits → Document Upload → Summary

Available Benefits

- MEDICAL
- HSA PLAN
- DENTAL
- VISION
- Life - Voluntary
  - VOLUNTARY LIFE - EMPLOYE
  - VOLUNTARY LIFE - CHILD/CHILDREN
  - VOLUNTARY LIFE - SPOUSE
- AD&D - Voluntary
  - FRSL - VOLUNTARY AD&D
  - FRSL VOLUNTARY SPOUSE AD&D
- Transit/Parking Plan
  - PARKING 1. PRE-TAX - 2021
  - TRANSIT 1. PRE-TAX 2021

Health Savings Account

Not yet submitted

1. Which plan would you prefer?

PLAN	PROVI...	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
APPLE BANK HSA 2021	Apple-Bank FSB	$119.40	$19.23	April 1, 2021	CURRENTLY ENROLLED

REMOVE ENROLLMENT

How much would you like to contribute?

Your estimated annual contribution can be any amount from **$0.00** up to **$4,100.00**.

Your employer will contribute an annual total of **$500.00**, distributed as Semi-Annual payment(s) to your account.

For the ENTIRE YEAR, I want to contribute:

- Maximum yearly goal
- Enter a different amount

$2,388.00

Annual

Your contribution	**$2,388.00**
Employer Cost	**$500.00**
TOTAL HEALTH SAVINGS ACCOUNT CONTRIBUTION	**$2,888.00**

SAVE FOR LATER CONTINUE TO NEXT BENEFIT

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SAVE FOR LATER CONTINUE TO NEXT BENEFIT

HSA Simplifier®

HEALTH SAVINGS ACCOUNT APPLICATION

Apple Bank

PART 1. HSA OWNER

Name *(First/MI/Last)* HOANG VINH NGUYEN
Address Line 1 4366 S. PINE STREET
Address Line 2 APT. C
City/State/ZIP TACOMA WA 98409
Social Security Number 795-33-8135
Date of Birth 03/04/1958 Phone 1203-726-1711
Email Address nguyen.h.vinh@yahoo.com
Account Number

PART 2. HSA TRUSTEE

To be completed by the HSA trustee

Name Apple Bank for Savings
Address Line 122 East 42nd St.
Address Line 2 9th Floor – Human Resources
City/State/ZIP New York, NY 10168

☐ *This is an amendment to an existing HSA.*
☐ *This HSA contains managed investments as described in the Trustee Management of Investment section of the agreement.*

PART 3. CONTRIBUTION INFORMATION

Contribution Amount $200.00 Contribution Date 4/16/2021

CONTRIBUTION TYPE *(Select one)*

☒ **1. Regular** *(Includes catch-up contributions as well as qualified HSA funding distributions from an IRA)*

☐ **2. Rollover** *(Distribution from an HSA or Archer MSA that is being deposited into this HSA)*
By selecting this transaction, I irrevocably designate this contribution as a rollover.

☐ **3. Transfer** *(Direct movement of assets from an HSA or Archer MSA into this HSA)*

PART 4. INVESTMENT AND DEPOSIT INFORMATION

INVESTMENT INFORMATION *(Complete this section as applicable.)*

Investment Description	Quantity or Amount	Investment Number	Term or Maturity Date	Interest Rate
CASH	$100.00	/	/	/

DEPOSIT METHOD

☒ **Cash or Check** *(If the contribution type is transfer, the check must be from a financial organization made payable to the trustee for this HSA.)*

☐ **Internal Account**
Account Number _____ Type *(e.g., checking, savings, HSA)* _____

☒ **External Account** *(e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)*
Name of Organization Sending the Assets CHARLE SCHWAB BANK Routing Number *(Optional)* 121202211
Account Number 4400255 01097 Type *(e.g., checking, savings, HSA)* checking Deposit Taken by
Name of HSA Owner HOANG-VINH NGUYEN, Account Number

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PART 5. BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

☒ I elect not to designate beneficiaries at this time and understand that I may designate beneficiaries at a later date.

PRIMARY 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.)*

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

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.)*

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

☐ *Check here if additional beneficiaries are listed on an attached addendum.* Total number of addendums attached to this HSA _____

PART 6. SPOUSAL CONSENT

Spousal consent should be considered if either the trust or the residence of the HSA owner is located in a community or marital property state.

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 below.

CONSENT OF SPOUSE

I am the spouse of the above-named HSA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional.

I hereby relinquish any interest that I may have in this HSA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.

X _____ Signature of Spouse — _____ Date *(mm/dd/yyyy)*

X _____ Signature of Witness — _____ Date *(mm/dd/yyyy)*

PART 7. SIGNATURES

Important: *Please read before signing.*

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-B Trust 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 Trust Account Agreement. I agree to be bound by those 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.

X _____ Signature of HSA Owner — 04/03/2021 Date *(mm/dd/yyyy)*

X _____ Signature of Witness — 04/03/2021 Date *(mm/dd/yyyy)*

X _____ Signature of Trustee — _____ Date *(mm/dd/yyyy)*

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Apple Bank

HSA Signature Card

Account Number:

Date: 1/1/21

Account Title:

Additional Data:

Last Name NGUYEN

First Name, MI HOANG VINH

Address 4366 S. PINE STREET APT. C

City, ST Zip Code TACOMA 98409 WA

Tax I.D. #: 795-33-8135

Date of Birth: 03/04/1958

Home Phone #: 203-726-1711

Mother's Maiden Name: MIDUNG

TAXPAYER CERTIFICATION (Substitute W-9) Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number, AND
2. 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, AND 3. I am a U.S. person (including a U.S. resident alien).

CERTIFICATION INSTRUCTIONS – You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest dividends on your tax return. (In case of and account opened by a fiduciary/legal representative, this certification will relate to the status and taxpayer ID number of the individual/entity having a beneficial interest in this account.)

I/We have received a copy of Apple Bank for Savings' rules, regulations and disclosures concerning this account and agree to be bound thereby, including any amendments thereto.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Signature

For Bank Use Only

Chexsystems State Year N/R