



FIDELITY INVESTMENTS-HEALTH SAVINGS ACCOUNT

Appointment of Employer as Authorized Agent to Open an HSA

Check below:

- Kaiser ABHP Single Double/Family Blue Shield ABHP Single Double/Family
 Classified Adjunct Faculty Management

By signing in below, I appoint SANTA ROSA JUNIOR COLLEGE (“Employer”) as my agent for purposes of opening and administering a Fidelity Investments Health Savings Account (“HSA”) on my behalf, and authorize SRJC to send and receive information to and from Fidelity Investments on my behalf in furtherance of the establishment and administration of my HSA.

I certify that I am eligible to contribute to an HSA under Internal Revenue Code Section 223. I understand that I may access the *Custodial and Deposit Agreement* governing my HSA at www.netbenefits.com or by calling 1-800-544-3716.

I provide the following information and authorize SRJC to forward this information to Fidelity Investments.

| | | |
|------------|----------------|-----------|
| First name | Middle initial | Last Name |
|------------|----------------|-----------|

| | | | |
|--------------------------------------------|------|-------|-----|
| Residential Street address (not P. O. Box) | City | State | Zip |
|--------------------------------------------|------|-------|-----|

| | | | |
|------------------------------------------------------------|------|-------|-----|
| Mailing address (if different than residential – optional) | City | State | Zip |
|------------------------------------------------------------|------|-------|-----|

| | | |
|----------------------------|----------|-----------------------------|
| Date of birth (mm/dd/yyyy) | SSN/ITIN | Home/Cell number (optional) |
|----------------------------|----------|-----------------------------|

| | |
|------------------------|---------------------------------------------------------------------------------------|
| Country of citizenship | <i>(US Citizen or Permanent / Resident Alien or Non-Permanent/Non-Resident Alien)</i> |
|------------------------|---------------------------------------------------------------------------------------|

I agree that Employer will remain my agent unless: (i) I submit written notice to Employer that I intend to terminate this appointment, and Employer has a reasonable period of time to act on such notice; and (ii) I am no longer eligible to participate in a Health Savings Account.

By signing below, I agree to the above. I also authorize Fidelity Investments to make any inquiries that it considers appropriate to determine if it should open and maintain my HSA. This may include ordering my credit report, or other report (e.g., information from any motor vehicle department or other state agency).

_____ *Employee Signature*

_____ *Date*

*** Please return this completed and signed form to Lisa Hotchkiss (lhotchkiss@santarosa.edu) and Deepa Desai (ddesai@santarosa.edu) in the Payroll Department**