



HSA Application Guide

Step 1: Select Your Roles

- Choose account **owner** as your role (you are the HSA account holder).
- If someone else will have access, add them as an **authorized signer**.

Add Applicant ✕

Applicant

This is my role

First Name ^{*}

Test

Last Name ^{*}

Test

Role ^{*}

Owner

*Required

Cancel Add

Special Accounts

Select your account type

Health Savings Account

Add your applicant roles

Owner^{*} +

Authorized Signer +

*Required Roles

Your applicants ?

Test Test (Owner) - Your role ✎ ✕

Continue

Step 2: Select Your Eligibility

Eligibility

Applying is fast and easy!

To speed up the application process please have the following information available:

- ✓ Valid Drivers License or State ID
- ✓ Social Security Number
- ✓ Date of Birth

Please review the [Customer Identification](#) disclosure before proceeding.

Select your eligibility*

I am an immediate family member of an existing Cinfed Credit Union member. Their name is

I qualify for membership because I Live, Work, Worship, Attend School, or Regularly Do Business in

Hamilton County, OH



Tip: Due to Cinfed's community charter and our partnership with CPS, you must select Hamilton County from the eligibility drop-down.

Step 2: Continued

The required products are preselected for this application. Please do not add or remove.

- **HSA Main Share:** (required to become a member of Cinfed).
- **HSA Checking:** Account that houses your HSA funds and is attached to you HSA debit card.

Available Products

HSA Checking
A Health Savings Account (HSA) is a... under a high-deductible health plan... and an HSA has the unique potential...
APY: 2.000%

HSA Main Share
As part of your membership with Cinf... checking. This is required for the acc...
APY: 0.050%

APY (Annual Percentage Yield)

Maximum number of selected products per account type exceeded.

OK

Available Products

HSA Checking
A Health Savings Account (HSA) is a... under a high-deductible health plan... and an HSA has the unique potential...
APY: 2.000%

HSA Main Share
As part of your membership with Cinf... checking. This is required for the acc...
APY: 0.050%

APY (Annual Percentage Yield)

Remove Product

Remove HSA Checking from your application?

Remove Cancel

Your Selected Products

HSA Checking
APY: 2.000%

HSA Main Share
APY: 0.050%
Selected Features: eStatements

*Required Field(s)

Continue

Step 3: Fill Out Your Application!

Tell Us About The Owner

General Information

Optional: Click or tap the card below to pre-fill information with your driver's license.



Personal Information

First Name *

Middle Name

Last Name *

Suffix (Jr., Sr., etc.)

SSN *

Show SSN/TIN

Date of Birth *

Mother's Maiden Name

Current Physical Address

Address *

Zip *

City *

State *

Use different address for mailing

Contact Information

Preferred Contact Method

Email *

Primary/Home Phone * (xxx) xxx-xxxx

Work Phone (xxx) xxx-xxxx

Ext

Secondary/Mobile Phone (xxx) xxx-xxxx



Tip: We do not require you to upload your ID due to our partnership with your employer. Please fill out the application carefully, and with your most current information.

Final Step: Sign & Submit!

Read, Sign and Submit

Your application is not complete until you read the disclosure below and click the "I Agree" button in order to submit your application.

You are now ready to submit your application! By clicking on "I agree", you authorize us to verify the information you submitted and may obtain your credit report. Upon your request, we will tell you if a credit report was obtained and give you the name and address of the credit reporting agency that provided the report. You warrant to us that the information you are submitting is true and correct. By submitting this application, you agree to allow us to receive the information contained in your application, as well as the status of your application.

I/We confirm that I have read and agree to the terms of the [E-SIGN Act Disclosure](#) and the [TCPA Disclosure](#). I also agree that the Internet access device(s) I/we will use to receive the related legal disclosures, agreements, online account signature form and the instructions meet(s) the system requirements described in the disclosure presented above; and I/we consent to receiving the related legal disclosures, agreements, online account signature form and the instructions electronically.

[Customer Identification](#) [Privacy Policy](#) [Terms & Conditions](#) [Fee Schedule](#)

I/We verify that I am a U.S. Citizen.
You must be a US citizen to open an account online. Non-US citizens should contact your [nearest branch location](#) to open an account.

Special Account Acknowledgment:
I/we confirm that I have read and agree to the *specific account terms listed below for the corresponding account type.*

1. HSA Account:
I/we confirm that I have read and agree to the terms of the [HSA Disclosure](#).
 By agreeing, I authorize Cinfed Credit Union to provide information to my HR/ Payroll Manager, including Routing and Account Number, upon the opening of my account.

OR

2. Minor Account
I/we verify that by submitting this minor application, the joint owner will assume full responsibility for the account and will be liable for the account transactions activity.

I Agree

Or

Once you sign and submit this form, we'll work on getting your account opened.



We're excited to be a part of your financial journey!

Why just bank when you can belong?