



Full Legal Name _____ Date of Birth _____ SSN _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____ Current Employer _____

Type of Health Insurance Plan Coverage: Self-only Family

Primary Beneficiary:

Name	Social Security #	Date of Birth	Relationship

Contingent Beneficiary:

Name	Social Security #	Date of Birth	Relationship

Companion Products:

- Silver Express Internet Banking
- Express eStatements
- Visa Check Card
- Checks (1st Set of 50 Checks FREE)

By signing below, I authorize Silver Lake Bank to provide my employer with any necessary account information required to originate contributions to my Health Savings Account.

Signature

Date