

ADDENDUM

MyAdvantageHSA™ Health Savings Account (HSA) Declaration

I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. The Blue Cross Blue Shield of Delaware (BCBSD) health insurance policy that will be issued to me is intended to qualify as a high-deductible health plan (*HDHP*) under Section 223 of the Internal Revenue Code and IRS published rulings. In future years, I may or may not be covered under a BCBSD health insurance policy that will qualify as an HDHP. Section 223 of the Internal Revenue Code and IRS published rulings may change in the future.
 2. I should obtain professional legal or tax advice before I establish or contribute to a Health Savings Account (*HSA*) now and in the future. Eligibility for an HSA is based on the application of federal tax rules to each individual, and the determination of eligible individual status is made on a monthly basis. Also, federal, state and local tax rules change from time to time. Generally, an individual is eligible to establish and contribute to an HSA for any month if:
 - (a) he/she is covered by an HDHP as of the first day of such month and is not covered by any other health plan not permitted by the HSA rules, (*see section 3 below*) or by the application of state coordination of benefits rules;
 - (b) he/she is not enrolled in Medicare; and
 - (c) he/she cannot be claimed as a dependent on someone else's tax return.
 3. In accordance with section 2 (a) above, even if I am covered under a qualifying HDHP, I am not eligible to establish or contribute to an HSA if I am also:
 - (a) covered by another health plan (*including an HDHP*), where the application of state coordination of benefits rules would result in payment of benefits under the other health plan (*second plan*) that would satisfy all or part of the deductible under the BCBSD health insurance policy that will be issued to me (*first plan*); or
 - (b) covered by another health plan that is not an HDHP, whether as an individual, spouse or dependent, unless such health plan is for permitted coverage or permitted insurance (*see section 4 below*), or unless such coverage is under an employee assistance, a disease management or wellness program, if the program does not provide significant medical care or treatment; or
 - (c) (i) covered by my spouse's employer's health plan, where my spouse has coverage that includes me, or
 - (ii) participates in a general purpose health flexible spending account (*Health FSA*) that reimburses health care expenses of spouses and dependents, and is not limited to reimburse only dental and vision expenses; or
 - (d) eligible to receive medical benefits through the Department of Veterans Affairs (*VA*) and I actually received medical benefits from the VA at any time during the previous three (3) months; or
 - (e) covered under TRICARE, the health care program for active duty and retired members of the uniformed services, their families and survivors.
4. In accordance with section 3 (b) above:
 - (a) **permitted coverage** includes coverage under another plan (*whether through insurance or otherwise*) for accidents, disability, dental care, vision care or long-term care; and
 - (b) **permitted insurance** includes coverage under an insurance policy if substantially all of the coverage relates to liabilities under workers' compensation laws, tort liabilities relating to ownership or use of property (*for example, automobile insurance*), insurance for a specified disease or illness, or insurance that pays a fixed amount per day (*or other period*) of hospitalization.
 5. I accept complete and sole responsibility, and BCBSD has no responsibility, for payment of any tax obligations I may incur should I pay or reimburse any medical expenses from my HSA that:
 - (a) are not qualified as medical expenses under the Internal Revenue Code and IRS published rulings; or
 - (b) are for any individuals who do not meet the definition of spouse or dependent under the Internal Revenue Code and IRS published rulings. Such tax obligations include, but are not limited to, federal, state and local income tax obligations, and any interest and penalties that may result from such tax obligations; or
 - (c) are incurred on or after the date my HDHP coverage begins, but before my HSA is established.
 6. I accept complete and sole responsibility for the terms and conditions of the following:

(over)

BCBSD DISCLOSURES STATEMENTS

Blue Cross Blue Shield of Delaware (BCBSD) receives no commissions or other financial incentives from *The Bancorp Bank* to encourage enrollment in Health Savings Accounts (HSAs) offered by *The Bancorp Bank*. BCBSD does not guarantee the performance or solvency of *The Bancorp Bank*, or the availability of HSA funds on deposit with *The Bancorp Bank*. In the event that BCBSD, acting as an agent for an employer, transfers HSA contributions in the form of payroll deductions or otherwise from such employer to *The Bancorp Bank*, BCBSD shall not be obligated to pay interest on such contributions held during the transfer process. Neither contributions made to an HSA, nor HSA account balances, constitute or may be deemed to constitute, the assets of any ERISA plan or other benefit plan. BCBSD is not, and shall not be deemed to be, the fiduciary, custodian, or trustee of any HSA, or of any funds held or transferred in connection with an HSA. Each HSA offered by *The Bancorp Bank* is the responsibility of *The Bancorp Bank* and the respective account holder; all funds on deposit with *The Bancorp Bank* are liabilities solely of *The Bancorp Bank*. In the event that *The Bancorp Bank* offers HSA account holders, directly or indirectly through third party brokerage or mutual fund companies, the option of investing any portion of HSA balances in securities, account holders should carefully consider the risks associated with any such investment. BCBSD is not responsible for the selection of any brokerage or mutual fund company for such investment purposes, the appropriateness of any investment that may be available to account holders, or the performance of any such investment.

BCBSD and its employees are not securities brokers or dealers, and are not authorized to sell any securities to you, accept investment instructions from you or provide investment advice to you in connection with any HSA account balances. BCBSD has not authorized licensed insurance producers (*agents and brokers*) to perform any such investment function or service in connection with HSA account balances, even if those producers are otherwise licensed to sell securities. Neither BCBSD nor its employees will receive commissions or any other forms of compensation based on securities transactions in connection with any investment of HSA account balances. BCBSD has not authorized the payment of any such form of investment related compensation to licensed insurance producers.

Blue Cross Blue Shield of Delaware is a health service corporation and is an independent licensee of the Blue Cross and Blue Shield Association. *The Bancorp Bank (Nasdaq NM:TBBK)* is an independent bank providing HSA custodian services and is a member of the FDIC.

Date

Signature

Printed Name

Blue Cross Blue Shield of Delaware is an independent licensee of the Blue Cross and Blue Shield Association.

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™ Blue Cross Blue Shield of Delaware has applied for registration of the trademark with the U.S. Trademark Office.