

ADDENDUM

MyAdvantageHSA™ Health Savings Account (HSA) Declaration

I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. If Highmark Blue Cross Blue Shield Delaware (Highmark DE) accepts this application, the Highmark DE 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.
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 a high deductible health plan 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 Highmark DE 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 a wellness program, if the program does not provide significant medical care or treatment; or
 - (c) covered by my spouse's employer's health plan, where my spouse has family coverage or where my spouse participates in a general purpose health flexible spending account (Health FSA) that reimburses health care expenses of spouses and dependents; 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. If I am also covered by a post-deductible health reimbursement arrangement (HRA) through my employer or my spouse's employer, with a deductible that satisfies the minimum annual deductible requirement for an HDHP, my annual HSA contribution is limited to the lower of the two deductibles.
6. If I have or my spouse has family coverage, or if both of us have family coverage, the HSA contribution limit is calculated as though we both have family coverage. If each of us has family coverage under a separate health plan, we both are treated as covered under the plan with the lowest deductible. The contribution limit for both of us is the lowest deductible amount, divided equally between us unless we agree on a different division.
7. I accept complete and sole responsibility, and Highmark DE 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) do not qualify 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.
8. I accept complete and sole responsibility for the terms and conditions of the following:

(over)

HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE DISCLOSURES STATEMENTS

Highmark Blue Cross Blue Shield Delaware (Highmark DE) receives no commissions or other financial incentives from **The Bancorp Bank** to encourage enrollment in HSAs offered by **The Bancorp Bank**. Highmark DE 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 Highmark DE, 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**, Highmark DE 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. Highmark DE 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. Highmark DE is not responsible for the selection of any brokerage or mutual fund company for such investment purpose, the appropriateness of any investment that may be available to account holders, or the performance of any such investment.

Highmark DE 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. Highmark DE 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 Highmark DE 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. Highmark DE has not authorized the payment of any such form of investment related compensation to licensed insurance producers.

Highmark DE 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 and trustee services and is a member of the FDIC.

_____	_____	_____
Date	Signature of Applicant (do not print)	Printed Name of Applicant
_____	_____	_____
Date	Signature of Spouse (do not print)	Printed Name of Spouse
_____	_____	_____
Date	Signature of Child 18 or Older (do not print)	Printed Name of Child 18 or Older

**MyAdvantageHSA™ Authorization for Release of Information
for a Health Savings Account with The Bancorp Bank**

Individual's Name		Date of Birth (mm/dd/yy)	
Social Security Number		Driver's License Number and State Issued	
Address			Apt./Box #
City		State	Zip Code
Daytime Phone	Home Phone		E-mail

**Authorization for
Release of Protected
Health Information to
Establish and Maintain a
Health Savings Account
with The Bancorp Bank**

I authorize Highmark Blue Cross Blue Shield Delaware (Highmark DE) to provide to The Bancorp Bank (Bancorp) any and all identifying information necessary for Bancorp to open a Health Savings Account (HSA) in my name, including but not limited to my Social Security number, address, phone number and date of birth. This information may be provided in any format or medium including but not limited to electronic and paper files.

This Authorization is being provided in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations issued there under.

This Authorization shall remain in effect for as long as I am enrolled in coverage with a Highmark DE health insurance plan connected with the above-referenced HSA.

I have the right to revoke this Authorization at any time by providing written notice to Highmark DE. Revocation of this Authorization shall have no effect on any action that Highmark DE or others have taken prior to receipt of the written notice.

I understand that if I fail to sign this Authorization, Highmark DE will not be able to provide information to the HSA Custodian, Bancorp, to open and maintain my HSA. I also understand that any and all information provided by Highmark DE to Bancorp in accordance with this Authorization may be subject to re-disclosure by Bancorp, and may no longer be protected by HIPAA.

Individual's Signature: _____

Date (mm/dd/yy): _____



Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association. BlueAdvantage, Blue Cross, Blue Shield and the cross and shield symbols are registered service marks of the Blue Cross and Blue Shield Association.