

Health Savings Account

State Bank's Health Savings Account is a tax-exempt account available for customers with a high-deductible health plan.

Features

- Easy to Open. Open your account at any local State Bank full service office or online at www.yourstatebank.com
- Easy to Access. State Bank offers multiple ways to help manage your account:
 - o Online Banking FREE access to account balance and transaction history.
 - o Mobile Banking FREE account access via State Bank's mobile phone and tablet apps.
 - o Paper or Electronic Statements Monthly and year-end statements provided.
- Easy to Use. Pay qualified medical expenses with your State Bank Health Savings Account Visa® debit card, transfer funds online from your State Bank HSA to a State Bank personal bank account or by reimbursement via HSA checks.
- Easy to Contribute. Funds can be deposited by account owner and/or employer.
- **Ability to Grow Account**. State Bank's Health Savings Accounts are interest-bearing FDIC insured deposit accounts (covered to the extent permitted by law) with tiered interest rates.

Benefits

- **Control.** An HSA gives you more control over how you plan for and spend your health care dollars. HSA contributions may come from pre-tax income through payroll deductions or from contributions from employers.
- Portability. An HSA is owned by you, the individual (not your employer), and is therefore completely portable.
 Funds remain with you even if you change jobs, change medical coverage, become unemployed, move or change your marital status.
- **Flexibility.** There are no "use it or lose it" rules. HSA funds remain in the account from year to year. Even if you are no longer eligible to make contributions, funds may still be used to pay for qualified medical expenses, tax-free.
- Long-Term Savings. Unused funds from your HSA can grow through interest earnings and can be used for future medical expenses. Your accumulating HSA balance gains tax-free interest until retirement at the age of 65. After age 65, HSA funds can be used for non-qualified medical expenses without a penalty, only income tax is assessed.

Account Details

Minimum Opening Balance: NONEMonthly Maintenance Fee: NONE

Annual Fee: NONE

HSA Check Order: FREE Initial Order

Transaction Limits – Funds must be used to pay qualified medical expenses.

Requirements - High Deductible Health Plan







Health Savings Account

General Information

What is a Health Savings Account (HSA)?

An HSA is a tax-advantaged account owned by an individual. Contributions to the account may be used to pay for current and future qualified medical expenses. Funds that are not used for medical expenses remain in the account from year to year. There are no "use it or lose it" rules for HSAs.

How do I qualify to open an HSA?

You must have insurance coverage qualified as a High Deductible Health Plan (HDHP) to open and contribute to an HSA.

	2024
Individual Coverage	
Minimum Deductible	\$1,600
Max Out-of-Pocket	\$8,050
Family Coverage	
Minimum Deductible	\$3,200
Max Out-of-Pocket	\$16,100

These amounts are adjusted annually for inflation. You may not be covered by any health plan that is not an HDHP, may not be enrolled in Medicare Part A or Part B, and may not be claimed as a dependent on another person's tax return.

When can I contribute to my HSA?

Your eligibility to contribute to an HSA is determined by the effective date of your HDHP coverage. Both the HSA contribution and catch up contribution apply pro rata based on the number of months of the year you are an eligible individual. If you have HDHP coverage as of December 1, you are allowed the full, non-pro-rated contribution for the year. However, if you cease to remain an eligible individual 12 months following the last month of the year of the first year of eligibility, the extra amount contributed is included in income and subject to an additional 10 percent tax. Contributions can be made as late as April 17 of the following year.

How much can I contribute to my HSA?

	2024
Individual Coverage	\$4,150
Family Coverage	\$8,300

These amounts are adjusted annually for inflation. Individuals age 55 and older, and not enrolled in Medicare, can also make additional "catch-up" contributions. The maximum annual catch-up contribution is \$1,000.

Who can contribute to my HSA?

There are no restrictions on who may make a contribution to your HSA. Therefore, you, your employer, or any other person can make an HSA contribution on your behalf as permitted by law.

What is the tax treatment of an HSA contribution?

Contributions made by you or on your behalf are tax deductible when determining your adjusted gross income for tax purposes. Contributions made by your employer are already excluded from your gross income so they are not tax deductible. Earnings on amounts in your HSA are tax-deferred and are not included in gross income while held in the HSA.

What can I use the money in my HSA for?

You can use the money in the account to pay for any "qualified medical expense" permitted under federal tax law. (See Publication 969 and 502 at www.irs.gov for details.) This includes most medical care and services, and dental and vision care. Money in the account can be used to pay qualified medical expenses for yourself, your spouse, or your dependent children. In general, you cannot use the money to pay for medical insurance premiums.

Can family members use my account?

Yes. You can designate an authorized signer for your HSA to access and initiate transactions on your account as your agent. The authorized signer is able to make deposits, write checks, get his/her own debit card, and inquire on the account.

What if I withdraw money from my HSA and don't use it to pay a qualified medical expense?

Any amounts used for purposes other than to pay for qualified medical expenses are taxable as income and subject to an additional 20% tax penalty. After you turn age 65, or if you become disabled, the 20% additional tax penalty no longer applies.

Are contributions and distributions on my HSA reported to the IRS?

Yes. The Bank will report all distributions on Form 1099-SA and contributions and year-end account value on Form 5498-SA. Account holders must file Form 8889 with their tax return to report the amount of distributions used for qualified medical expenses. Be sure to keep your receipts and records to prove the expenses were incurred and were not paid for or reimbursed by another source or taken as an itemized deduction.

These FAQs are for general information only and are not intended to provide specific advice or recommendation for any individual. Please consult your financial or tax advisor about your personal situation.





A high deductible health care plan is required. No minimum opening deposit required. Must be used to pay for qualified medical expenses. Annual contribution limits apply. Consult your tax advisor about tax benefits. Closure fee is \$25.00 if closed within 180 days. 3rd party message/data/ISP rates may apply.



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Account Application

First Name:	MI;	Last Name:	Date of Birth:			SSN:	SSN:	
Physical Street Address:			City:	State:		 Zip Cod	Zip Code:	
Mailing Address/PO Box: (If Different than P	failing Address/PO Box: (If Different than Physical Address)		City:		State:	Zip Cod	Zip Code:	
Citizenship Status:	on-Resident Alier	Country of Citizensh	nip: (Non-US Citizen)	Primary Phon			Other:	
Employer:	Occupation	n:	E-Mail Ad	dress:				
Driver's License #: State Issued	:	Issue Date:	Expiration Date:		Type of Coverage: Coverage Effective Date:			
How much in cash transactions (deposits & withdrawals) will be made into this account each month? Select One \$\int \\$0.00 - \\$499.99 \$\int \\$500.00 - \\$999.99 \$\int \\$1,000.00 and above								
Part II: Authorized Signer (optic By completing all of the fields below, you State Bank will rely upon this designation harmless and indemnify State Bank again arising from such reliance, unless otherwisigner regarding your account.	are authorizing until State Bank ast any claims ag	receives your written revalunts or losses arising out	ocation of this authori of State Bank's reliand	zation and has h	ad a reasona zation, and r	ble time to act upor elease State Bank fro	it. You hold om any liability	
First Name:	MI:	Last Name:		Date	of Birth:	SSN:		
Address same as above: If no, Physic	al Street Address	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		Hom	e Phone:	Work P	none:	
Citizenship Status:	n-Resident Alier	•	ship: (Non-US Citizen)	E-Mail Add	ress:			
Employer:	Occupation:		Driver's Licer	nse #: State Is	sued:	Issue Date:	Expiration Date:	
How much in cash transactions (deposits & withdrawals) will be made into this account each month? Select One \$\int\text{\$\sum_{\current}\$} \\$0.00 - \\$499.99 \$\int\text{\$\sum_{\current}\$} \\$500.00 - \\$999.99 \$\int\text{\$\sum_{\current}\$} \\$1,000.00 and above								
Part III: Designation of Benefic	ciary							
Primary Contingent Share I %	Name of Benefi	ciary	Beneficiary Address		SSN	Date of Birth	Relationship to HSA Owner	
Part IV: Account Selections								
☐ I would like to order a State Ban☐ I would like to order a State Ban☐ I would like to order the initial su	k Visa Debit Ca	ard issued in the name	•		oove.			
Part V: Request for Transfer (o				urront UCA Ass-	unt Nu voolo			
Current HSA Trustee (Financial Institution): Current HSA Account Number:								
Current HSA Trustee Address: Current HSA Trustee (Phone Number):								





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