



Questions? Go to Fidelity.com or call 800-544-3716.

Fidelity HSA[®] Debit Card Application

Use this form to apply for the Fidelity HSA[®] Debit Card that enables you to pay for your qualified medical expenses directly from your Fidelity Health Savings Account (HSA).

Use of your Fidelity HSA Debit Card makes recordkeeping easy. Debit card transactions are provided on your account statement. Your purchases are automatically deducted from your Fidelity HSA daily. The Fidelity HSA Debit Card is provided to you with no annual fee.

Do NOT use this form to request additional debit cards for your Fidelity HSA. To request additional debit cards for an eligible spouse and/or dependents, download the application from *Fidelity.com/hsasupplemental*. Requests for additional debit cards should be mailed separately.

Type on screen or fill in using CAPITAL letters and black ink.

1. Account Owner

This phone number may be used if we have questions, but will not be used to update your account information.

Name		Fidelity Account Number											
Daytime Phone		Extension											

2. Signature and Date *Form cannot be processed without signature and date.*

By signing below, you:

- Certify that you have read, and that you meet, understand, and agree to, all the terms, conditions, and disclosures in this section.
- Request that a Fidelity HSA Debit Card be issued in your name.
- Understand that PNC Bank, N.A., is the issuer of this Fidelity HSA Debit Card. PNC Bank, N.A., is not affiliated with Fidelity Investments.
- Agree to abide by the terms and conditions set forth in the Fidelity HSA[®] Card Agreement and Disclosure Statement, which will be provided when the card is issued, as it may be amended from time to time.
- Understand that the funds in your Fidelity HSA are intended to be used solely to pay for qualified medical expenses. Use of HSA funds to pay for expenses other than qualified medical expenses must be included in your gross income for tax purposes and, if you are not disabled or over age 65, will be subject to a 20% tax penalty.
- Understand that you are responsible for determining whether or not a particular medical expense is a qualified expense and that you must keep all receipts and records for tax purposes. Qualified medical expenses are defined by the Internal Revenue Code and generally cover most medical care and services, dental and vision care, prescription drugs (including prescribed over-the-counter drugs), and insulin that are not covered by insurance or otherwise. For more details on what constitutes a qualified medical expense, please refer to IRS publications 969 and 502 or contact a tax professional.
- Certify that all information you have provided in this form is true, accurate, and complete.
- Affirm that you are at least 18 years old and of full legal age to enter into this Agreement in your state of residence.

You acknowledge that this account is governed by a predispute arbitration clause, which appears on the last page of the Fidelity Brokerage HSA Account Customer Agreement, and you acknowledge that you have received a copy of this clause.

PRINT HSA OWNER NAME	
HSA OWNER SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

Did you sign the form? Send the ENTIRE form to Fidelity Investments.

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Use the postage-paid envelope, drop off at a Fidelity Investor Center, OR deliver to:
Regular mail
 Fidelity Investments
 P.O. Box 770001
 Cincinnati, OH 45277-0002
Overnight mail
 Fidelity Investments
 100 Crosby Parkway KC1K
 Covington, KY 41015

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