

HEALTH SAVINGS ACCOUNT

PACKET FOR EMPLOYEES, INDIVIDUALS & FAMILIES

2010 / 2011

This packet contains documents helpful in establishing a new Health Savings Account with Community Bank.

Effective: August 1, 2010



This PDF file is **8 pages** long and includes the following:

- ✓ Health Savings Account Features and Fees
- ✓ Comparison of IRS Guideline Changes – 2010 vs 2011
- ✓ 2010 / 2011 Health Savings Account Worksheet
- ✓ Privacy Policy
- ✓ Participant and Beneficiary Information Form

Locally Owned. Locally Managed.



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www.cbsjbank.com





Health Savings Account (HSA)

Effective: August 1, 2010

Introducing Community Bank's HSA savings with companion checking account and Visa® Check Card for eligible individuals or families with High Deductible Health Plans (HDHPs).

Features

- Statement Savings or Short-Term CD
- Companion Checking Account*
(Free of monthly service charge)
- Visa® Check Card*
- e-Banking for Easy Recordkeeping
- 24-Hour Telephone Banking
- Up to 4 Distribution Transfers from HSA to Companion Checking per Month
- Automatic Transfer (Distribution) of Available Funds†

Fees

- \$35 Set Up Fee *if a member of an employer group of 5 or more; otherwise \$50 set up fee for an individual participant.*
- \$18 Annual Plan Fee
- \$2 Excess Transfer Fee
(per manual transfer over 4 per month)
- \$25 Trustee-to-Trustee Transfer Fee
(outbound)

Contact us for more information or visit our
HSA Information Center online at www.cbsjbank.com/hsa/

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*For those who qualify. See our *Fee Schedule & Account Information* and *Agreement & Disclosure* for further details.

†To use this feature, a completed and signed *HSA Automatic Transfer Authorization* form is required.



Community Bank
of San Joaquin



**Health Savings
Account (HSA)**

HSA - Comparison of IRS Guideline Changes

	<u>2010</u>	<u>2011*</u>
Maximum annual HSA contribution		
<i>Individual</i>	\$3,050	\$3,050
<i>Family</i>	\$6,150	\$6,150
<i>Catch-up (55-64 years of age)</i>	\$1,000	\$1,000
Minimum annual HDHP deductible		
<i>Self coverage</i>	\$1,200	\$1,200
<i>Family coverage</i>	\$2,400	\$2,400
Maximum annual HDHP out-of-pocket expenses		
<i>Self coverage</i>	\$5,950	\$5,950
<i>Family coverage</i>	\$11,900	\$11,900

***No changes between 2010 and 2011**

For details on annual limits, refer to IRS Revenue Procedure 2010-22

(<http://www.irs.gov/pub/irs-drop/rp-10-22.pdf>)

Other Related IRS Documents:

Health Savings Accounts and Other Tax-Favored Health Plans, IRS Publication 969

(<http://www.irs.gov/pub/irs-pdf/p969.pdf>)

Medical and Dental Expenses, IRS Publication 502

(<http://www.irs.gov/pub/irs-pdf/p502.pdf>)

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2010/2011* HSA Worksheet

Health Savings Accounts (HSAs) are designed for individuals or families *insured by a High Deductible Health Plan (HDHP) only.*

HDHP Type	Minimum Annual Deductible*	Maximum Annual Contribution*
Individual Plan	\$1,200	\$3,050
Family Plan	\$2,400	\$6,150

*No changes between 2010 and 2011. For details, see [IRS Revenue Procedure 2010-2](#).

- An HDHP participant does not qualify to open a Health Savings Account if he or she is covered by additional insurance, such as a plan offered by the spouse's employer. Do you qualify to open an HSA? Yes No
- Account Titling: Community Bank of San Joaquin CUST FBO _____ HSA
(please print your name)
- HDHP Type: Individual Family
- HDHP Effective Date: _____
Typically, full annual contribution is allowed as long as the HDHP became effective on or before December 1st of the current year and the participants remain in an HDHP through December 31st of the following calendar year.
- Employer Contribution? Yes No
 - If "yes" please provide name of employer: _____
 - If "yes" you authorize Community Bank of San Joaquin to provide your HSA Savings/CD account number to your employer for contribution purposes only.
 - If "yes", how much will your employer contribute for the current tax year? _____
- Eligible for "Catch Up" contribution? (Please check all that apply.)
Persons age 55 through 64 may make up to \$1,000 in "Catch Up" contributions in 2010/2011, if not enrolled in Medicare.

Self – Yes, I may make up to \$1,000 in "Catch Up" contributions in 2010 2011.

Spouse (Family Plan) – Yes, my spouse may make up to \$1,000 in "Catch Up" contributions in 2010 2011.

No, no one is qualified for "Catch Up" contributions during 2010 2011.
- If this is a Family Plan and both spouses are eligible for "Catch Up" contributions in the same tax year, two separate HSA plans must be opened. Please indicate how contributions and disbursements are to be processed:
 - "Catch Up" contributions
 - "Catch Up" contributions for _____ to be made to the account in his/her name.
 - "Catch Up" contributions for _____ to be made to the account in his/her name.
 - In addition, \$_____ from each contribution is to be directed to the account that belongs to _____ (name of spouse). The remainder will be deposited to the account that belongs to _____ (name of primary plan holder).
 - Distributions are to be made from _____ account first, then when funds are depleted distributions are to be made from _____ account.

Signature: _____ Date: _____

Signature: _____ Date: _____

Bank Use:

- Owner and Beneficiary information (copies of DL)
- Savings or Certificate (determined by frequency of distributions)
- Companion Checking?
- Access for Spouse requested?
 - If so, DL information obtained?
- Checks?
 - If yes, whose name on checks? (order packet)
- Visa Check Card ordered?
 - If yes, whose name on card? (only issue one card)
- e-Banking Agreement?
- Automatic Transfer Authorization
- Combine Statements

NOTES:

Contribution Calculator

	STANDARD MAXIMUM 2010 OR 2011 ANNUAL CONTRIBUTION
+	ANNUAL INDIVIDUAL "CATCH UP" ALLOWANCE (NOT SPOUSE)
-	ANNUAL AMOUNT YOUR EMPLOYER CONTRIBUTES
=	AMOUNT YOU CAN ADD TO YOUR HSA WITHOUT EXCEEDING ANNUAL LIMIT

FACTS	WHAT DOES COMMUNITY BANK OF SAN JOAQUIN DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • Social Security number • Income • Assets • Account balances • Transaction or loss history • Credit history When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customer's personal information; the reasons Community Bank of San Joaquin chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Community Bank of San Joaquin share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing purposes with other financial companies	No	We don't share
For our affiliates' everyday business purposes – information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For our non-affiliates to market to you	No	We don't share

Questions?

Call (209) 956-7000 or go to
<http://www.cbsjbank.com/privacy.shtml>

Who we are	
Who is providing this notice?	Community Bank of San Joaquin
What we do	
How does Community Bank of San Joaquin protect my personal information?	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>In addition, our employees are restricted from accessing your personal information unless there is a business reason to do so.</p>
How does Community Bank of San Joaquin collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • open an account, or • apply for a loan, or • give us your contact information, or • show your government-issued ID, or • make deposits or withdrawals from your account <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes - information about your creditworthiness • affiliates from using your information to market to you • sharing for non-affiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Our affiliate is Bank On It, Inc.
Non-affiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Community Bank of San Joaquin does not share with non-affiliates so that they can market to you
Joint Marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Community Bank of San Joaquin doesn't jointly market



Participant and Beneficiary Information Form

PAGE 1 OF 2

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Plan Owner (Employee, if employer funded)

Name:		SSN:	
Residence Address: <i>(Street)</i>			
City:	State:	Zip:	
Mailing Address, if different <i>(Street or P.O. Box)</i>			
City:	State:	Zip:	
Home Phone:		Work Phone:	
Home Fax:		Cell Phone:	
Email:			
Birth Date:		Mother's Maiden Name:	
Driver's License #:	State of Issue:	Issue Date:	Expiration Date:
Second ID:	Lived in what state for the last 5 years?		
Name of Employer: <i>(If employer funded)</i>			

Primary Beneficiary (Can inherit the funds)

Name:		SSN:	
Street Address:			
City:	State:	Zip:	
(H) Phone:	(W) Phone:	Email:	
Birth Date:		Mother's Maiden Name:	
Driver's License #:	State of Issue:	Issue Date:	Expiration Date:
Relationship to Plan Owner: <i>(Driver's License information required if spouse)</i>			

Participant and Beneficiary Information Form

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First Contingent Beneficiary

Name:		SSN:	
Street Address:			
City:		State:	Zip:
(H) Phone:		(W) Phone:	Email:
Birthdate:		Mother's Maiden Name:	
Driver's License #:	State of Issue:	Issue Date:	Expiration Date:
Relationship to Plan Owner: <small>(Driver's License information required if spouse)</small>			Percentage of Plan Ownership: %

Second Contingent Beneficiary

Name:		SSN:	
Street Address:			
City:		State:	Zip:
(H) Phone:		(W) Phone:	Email:
Birthdate:		Mother's Maiden Name:	
Driver's License #:	State of Issue:	Issue Date:	Expiration Date:
Relationship to Plan Owner: <small>(Driver's License information required if spouse)</small>			Percentage of Plan Ownership: %

Third Contingent Beneficiary

Name:		SSN:	
Street Address:			
City:		State:	Zip:
(H) Phone:		(W) Phone:	Email:
Birthdate:		Mother's Maiden Name:	
Driver's License #:	State of Issue:	Issue Date:	Expiration Date:
Relationship to Plan Owner: <small>(Driver's License information required if spouse)</small>			Percentage of Plan Ownership: %