Health Savings Account Verification Form

hsabank
A Division of Webster Bank, N.A., Member FDIC

In accordance with the USA PATRIOT Act, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. Please complete the below information and submit copies of the necessary documentation to validate your identity **via fax* at 877-851-7041 or via askus@hsabank.com or securely submitted at www.hsabank.com/IDdocuments.**

*Please copy these documents at 200% zoom before faxing.

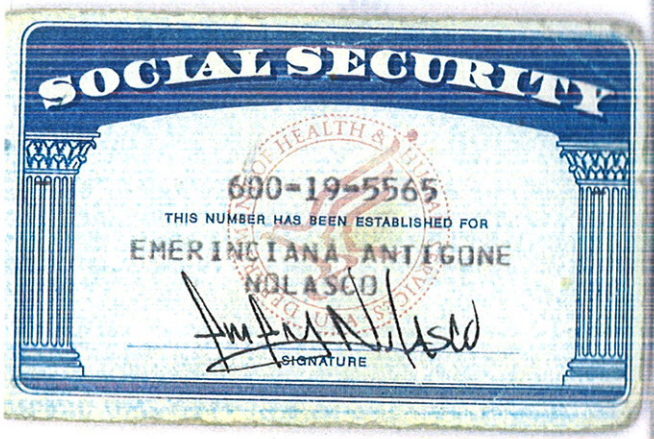
HSA Bank is required to close any account that is not verified. To maintain access to your account, please provide the requested documentation as soon as possible.

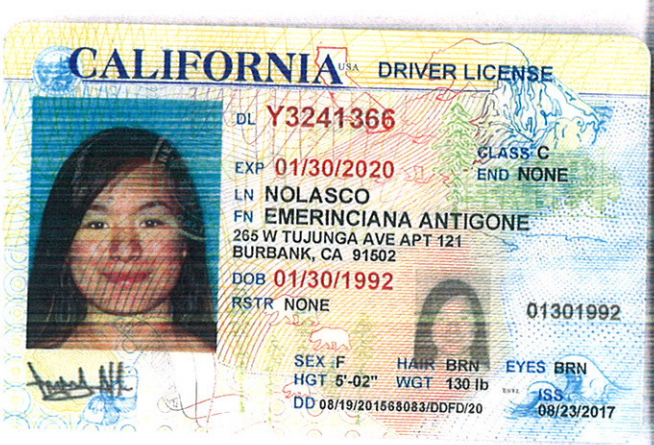
ACCOUNTHOLDER INFORMATION		
Employer: MONTEREY BAY AQUARIUM RESEARCH INSTITUTE		Full 9-Digit Social Security Number: 600-19-5565
Accountholder Name: EMERINCIANA NOLASCO		Date of Birth: (mm/dd/yyyy) 01/30/1992
Physical Address: 38 BROWNS VALLEY RD		
City: WATSONVILLE	State: CA	Zip Code: 95076
Signature: [signature]		Date: 19 MAR 2018

VALID IDENTIFICATION DOCUMENTATION	
We were unable to verify:	**Acceptable forms of documentation:**
Name *(two forms required)*	Driver's License Social Security Card U.S. Passport Marriage Certificate (Name change only) Divorce Decree (Name change only) Name Change Affidavit State Identification Immigrant or Non-Immigrant Visa Permanent Resident Card, a.k.a. Resident Alien Card or Alien Registration Receipt Card Temporary Residence Card (formerly known as Non-Resident Alien Card) Current Phone/Utility Bill (last 2 months) with name, current address, account number, & bill date.
Address *(two forms required)*	Driver's License U.S. Passport State Identification Immigrant or Non-Immigrant Visa Permanent Resident Card, a.k.a. Resident Alien Card or Alien Registration Receipt Card Temporary Residence Card (formerly known as Non-Resident Alien Card) Current Phone/Utility Bill (last 2 months) with name, current address, account number, & bill date.
Social Security Number *(two forms required)*	Social Security Card Driver's License State Identification Immigrant or Non-Immigrant Visa Permanent Resident Card, a.k.a. Resident Alien Card or Alien Registration Receipt Card Temporary Residence Card (formerly known as Non-Resident Alien Card)
Date of Birth *(one form required)*	Driver's License U.S. Passport State Identification

Questions? Please call the Client Assistance Center at **800-357-6246**.

For office use only


SOCIAL SECURITY
600-19-5565
THIS NUMBER HAS BEEN ESTABLISHED FOR
EMERINCIANA ANTIGONE
NOLASCO
SIGNATURE


CALIFORNIA USA DRIVER LICENSE
DL Y3241366
CLASS C
EXP 01/30/2020
END NONE
LN NOLASCO
FN EMERINCIANA ANTIGONE
265 W TUJUNGA AVE APT 121
BURBANK, CA 91502
DOB 01/30/1992
RSTR NONE
01301992
SEX F
HAIR BRN
EYES BRN
HGT 5'-02"
WGT 130 lb
ISS
08/23/2017
DD 08/19/201568083/DDFD/20


We the People
Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
3
PASSPORT
PASSEPORT
PASAPORTE
USA
UNITED STATES OF AMERICA
Type / Type / Tipo
P
Code / Code / Código
USA
Passport No. / No. du Passeport / No. de Pasaporte
532012239
Surname / Nom / Apellidos
NOLASCO
Given Names / Prénoms / Nombres
EMERINCIANA ANTIGONE
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
30 Jan 1992
Place of birth / Lieu de naissance / Lugar de nacimiento
ARIZONA, U.S.A.
Sex / Sexe / Sexo
F
Date of issue / Date de délivrance / Fecha de expedición
02 Jun 2015
Authority / Autorité / Autoridad
United States
Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
01 Jun 2025
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27
USA
P<USANOLASCO<<EMERINCIANA<ANTIGONE<<<<<<<<<<
5320122393USA9201305F2506012612013837<454264

ATTN: iCSA Team
581 William Latham Drive
Bourbonnais IL 60914-2317

Cigna

03/13/2018

EMERINCIAN NOLASCO
38 BROWNS VALLEY ROAD
WATSONVILLE CA 95076

Dear EMERINCIAN:

Welcome to myCigna.com! You can now enjoy the convenience of having your health information at your fingertips, whenever you need it.

Here's a quick reminder of how to log in:

- Go to: www.myCigna.com
- Enter your User ID: [redacted]
- Enter your Password you created when you registered
- Click the LOGIN button

Our customer service department is here for you 24/7 to answer any questions. If you received this letter in error or did not register for an account, please contact us immediately at 800-853-2713.

We look forward to helping you with your health care needs.

Sincerely,

The myCigna Registration Team