



Dear Member,

Thank you for your interest in opening a Health Savings Account at San Francisco Fire Credit Union. Please review and complete the enclosed application, and return it to us to open your account. Please provide the following additional information so that we can better assist you.

Name of Health Insurance Provider _____

Individual or Family Plan _____

Annual Deductible _____

Date policy went into effect _____

Once we receive your completed Health Savings Account application, we will open the account and issue you checks and a Visa debit card.

If we can be of any additional assistance, please do not hesitate to contact us at (415) 674-4800.