



Address for Return Mail  
 First Farmers Bank & Trust  
 HSA Processing  
 PO Box 690  
 Converse, IN 46919



**765-395-7746 • Fax: 765-395-3486 • www.ffbt.com**

## FIRST FARMERS BANK & TRUST HSA AGENT CHECKLIST

Date: \_\_\_\_\_

Agent Name	Agent Phone
Company Name	
Company Contact Person	

Number of HDHP Participants _____
HDHP Plan Effective Date or Renewal Date _____

Who pays \$6 check fee?	<input type="checkbox"/> Company	<input type="checkbox"/> Employee	<input type="checkbox"/> Individual
Who pays enrollment fee?	<input type="checkbox"/> Company	<input type="checkbox"/> Employee	<input type="checkbox"/> Individual
Who pays monthly service charge of \$3.00?	<input type="checkbox"/> Company	<input type="checkbox"/> Employee	<input type="checkbox"/> Individual

NOTE: Please make sure application is completed with 1 acceptable form of ID for Account holder and Authorized signer if they are not already FFBT account holders