



Health Savings Account Employee Enrollment Form

Employer

No.

Qualified for a Health Savings Account

This enrollment form is to open a Health Savings Account that is used to accumulate assets for the payment of qualified healthcare expenses. Your Health Savings Account is your financial asset even if you change employers or health plans. To open a Health Savings Account you must meet three criteria:

- 1) You must be covered by a qualified high deductible health plan,
- 2) You cannot be covered by another health plan, including Medicare
- 3) You cannot be claimed as a dependent on another individual's tax return.

Personal Information

Name: First: _____ Last: _____ Middle Initial: _____

Street Address: Street: _____

(no PO Boxes) City: _____ State: _____ Zip: _____

Mailing Address Street: _____

(if different) City: _____ State: _____ Zip: _____

Date of Birth: _____ Email: _____ (for statements and notices)

Contact Phone: (____) _____ Social Security Number: _____ Gender: M F

Insurance Coverage: Coverage Effective Date _____ Coverage Type: Single Family

Authorization & Certification

I accept the terms of the HealthEquity HSA enrollment form and the HSA Custodial Agreement.

Signature

_____ Print Name

_____ Signature

_____ Date

The balance in your Health Savings Account is insured up to \$100,000 by the Federal Deposit Insurance Corporation (FDIC).