Health savings account (HSA) employee enrollment form

Health**Equity**®

Return completed forms to your Human Resources Department.

Employer information									
Enrollment cannot be processed without your employer's name.									
Employer name									
Account holder information									
First name			1.1.	Last name					
SSN			ender Male	☐ Female	Date of birt	Date of birth (mm/dd/yyyy)			
Email address						Home phone			
Physical street address			City		State	ZIP			
Mailing address (if different)			ity		State	ZIP			
Insurance coverage									
Insurance carrier									
Coverage effective date Coverage type Single Family									
Authorization and certification									
By opening a health savings account (HSA) with HealthEquity, you accept the terms of HSA enrollment and the custodial agreement. You may view the HSA custodial agreement here: http://resources.healthequity.com/Forms/Agreements/ HealthEquity_Custodial_Agreement.pdf. Upon enrollment, you understand and agree to the following: • You are covered by a qualified high deductible health plan (HDHP). • You are not covered by any other non-qualified health coverage, including Medicare. • You are not claimed as a dependent on another individual's tax return. • HealthEquity must verify your identity in order to open your HSA. For further information regarding HSA laws, go to http://www.irs.gov/pub/irs-pdf/p969.pdf.									
Print name		Signatu	Signature			Date			
Contribution information and authorization Frequency of payroll Weekly Bi-Weekly Monthly									
Please withhold \$	from my payroll	and apply the	funds to	my HealthEquity	HSA.				
Signature					Date				
2020 annual HSA contributions				2021 annual HSA contributions					
Coverage type Self-Only Family	Total annual contribution* \$3,550 \$7,100	Per month \$295.83 \$591.67		Coverage type Self-Only Family	\$3,	al contribution* Per month 3,600 \$300.00 7,200 \$600.00		\$300.00	

Your HSA cash balance is held at an FDIC-insured or NCUA-insured institution and is eligible for federal deposit insurance, subject to applicable requirements and limitations.

^{*}Employer and employee contributions count towards the maximum yearly contribution amount.