

# Health Savings Account (HSA) Employee Enrollment Form



Return completed forms to your Human Resources Department.

<b>Employer Information</b>
Enrollment cannot be processed without your employer's name.
Employer Name

<b>Account Holder Information</b>			
First Name	M.I.	Last Name	
SSN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	
Email Address		Home Phone (    )	
Physical Street Address	City	State	ZIP
Mailing Address (if different)	City	State	ZIP

<b>Insurance Coverage</b>	
Insurance Carrier	
Coverage Effective Date	Coverage Type <input type="checkbox"/> Single <input type="checkbox"/> Family

<b>Authorization and Certification</b>		
<p>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: <a href="http://resources.healthequity.com/Forms/Agreements/HealthEquity_Custodial_Agreement.pdf">http://resources.healthequity.com/Forms/Agreements/HealthEquity_Custodial_Agreement.pdf</a>. Upon enrollment, you understand and agree to the following:</p> <ul style="list-style-type: none"> <li>You are covered by a qualified high deductible health plan (HDHP).</li> <li>You are not covered by any other non-qualified health coverage, including Medicare.</li> <li>You are not claimed as a dependent on another individual's tax return.</li> <li>HealthEquity must verify your identity in order to open your HSA.</li> </ul> <p>For further information regarding HSA laws, go to <a href="http://www.irs.gov/pub/irs-pdf/p969.pdf">http://www.irs.gov/pub/irs-pdf/p969.pdf</a>.</p>		
Print Name	Signature	Date



The balances in all HealthEquity HSAs are FDIC-insured unless invested in mutual funds.