

Health Savings Account (HSA) Employee Enrollment Form

Return completed forms to your Human Resources Department.

Eligibility
To be eligible to open a health savings account (HSA), you must meet three criteria: 1) You must be covered by a qualified high- deductible health plan (HDHP), 2) You can't be covered by another health plan, including Medicare, 3) You can't be claimed as a dependent on another individual's tax return.

Employer Information
Enrollment cannot be processed without your employer's name.
Employer Name

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

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

Authorization and Certification		
<ul style="list-style-type: none">I accept the terms of the HealthEquity HSA enrollment form and the HSA custodial agreement.In compliance with the USA PATRIOT Act, HealthEquity must verify the identity of all customers seeking to open an HSA. As part of this identity verification process, you may be asked to provide additional information and/or documentation before your account can be established.		
Print Name	Signature	Date



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