

# Health Savings Account (HSA) Employee Enrollment Form

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	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

## Insurance Coverage

Insurance Carrier	
Coverage Effective Date	Coverage Type <input type="checkbox"/> Single <input type="checkbox"/> 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://healthequity.com/en/Site/EducationCenter/Forms.aspx> by looking under Health Account Forms and Agreements. 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 do not have access to dollars in a flexible spending account (FSA) to pay for any medical expenses before the required HDHP deductible is met, including a spouse's FSA.
- 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	Signature	Date
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The balances in all HealthEquity HSAs are FDIC-insured unless invested in mutual funds.