

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		
<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: http://resources.healthequity.com/Forms/Agreements/HealthEquity_Custodial_Agreement.pdf. Upon enrollment, you understand and agree to the following:</p> <ul style="list-style-type: none"> 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. <p>For further information regarding HSA laws, go to http://www.irs.gov/pub/irs-pdf/p969.pdf.</p>		
Print Name	Signature	Date



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