



# Health Savings Account Employee Enrollment Form

Employer

## Qualified for a Health Savings Account

This enrollment form is to open a Health Savings Account that is used to accumulate assets for the payment of qualified healthcare expenses. Your Health Savings Account is your financial asset even if you change employers or health plans. To open a Health Savings Account you must meet three criteria:

- 1) You must be covered by a qualified high deductible health plan,
- 2) You cannot be covered by another health plan, including Medicare
- 3) You cannot be claimed as a dependent on another individual's tax return.

## Personal Information

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Street Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address Street: \_\_\_\_\_  
(if different) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_ (for statements and notices)  
Contact Phone: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender:  M  F  
Insurance Coverage: Coverage Effective Date \_\_\_\_\_ Coverage Type:  Single  Family

## Authorization and Certification

- I accept the terms of the HealthEquity HSA enrollment form and the HSA Custodial Agreement.

## Signature

\_\_\_\_\_  
Print Name Signature Date

The balance in your Health Savings Account is insured up to \$100,000 by the Federal Deposit Insurance Corporation (FDIC).

**\*Please mail this completed form to your Human Resources representative.**