

## Health Savings Account Individual Enrollment Form

### 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 and 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: Company \_\_\_\_\_ Annual Deductible: \$ \_\_\_\_\_  
 Coverage Effective Date \_\_\_\_\_ Coverage Type:  Single  Family  
 Broker ID (optional): \_\_\_\_\_ Broker Name (optional): \_\_\_\_\_

### HSA Contributions

**Option 1**  Check – include initial contribution with your enrollment form (minimum of \$75). Make check payable to HealthEquity.

**Option 2**  Electronic Funds Transfer (EFT): Amount of initial contribution (minimum of \$75): \$ \_\_\_\_\_  
 Amount of future monthly contributions: \$ \_\_\_\_\_

The \$13 enrollment fee and the first month's \$3.95 administration fee will be deducted from your initial contribution. Your initial EFT contribution will be transferred from your checking account to your HSA within two weeks of the opening of your HSA. Please provide the information below for your checking account. Reimbursements that you request from your HSA will be deposited directly into your checking account unless you notify us otherwise.

Financial Institution \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Routing Number \_\_\_\_\_  
 Account Number \_\_\_\_\_



### Authorization and Certification

- 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 balance in your HSA is insured by the Federal Deposit Insurance Corporation (FDIC), subject to applicable deposit limits.

