



Health Savings Account Employee Enrollment Form

Employer Name

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: Coverage Effective Date _____ Coverage Type: Single Family

Broker ID (optional): _____ Broker Name (optional): _____

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

Please Mail or Fax Completed Forms to:

HealthEquity Enrollment
1276 South 820 East, Suite 201
American Fork, UT 84003
Fax: 520-844-7090