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	irst name M.I.				Last name			
SSN		Gen	_{der} Male	☐ 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 Single 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://resources.healthequity.com/Forms/Agreements/ HealthEquity_Custodial_Agreement.pdf. 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 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	Signature			Date		
Contribution information and authorization Frequency of payroll Weekly Bi-Weekly Monthly								
Please withhold \$ from my payroll and apply the funds to my HealthEquity HSA.								
Signature Date								
2022 annual HSA contributions				2023 annual HSA contributions				
Coverage type	Total annual contribution*	Per month		Coverage type	Total annual	l contribution*		Per month
Self-Only	\$3,650	\$304.16		Self-Only	\$3,	\$3,850		\$320.83
Family	\$7,300	\$608.33		Family	\$7,750		\$645.83	

Your HSA cash balance is held at an FDIC-insured or NCUA-insured institution and is eligible for federal deposit insurance, subject to applicable requirements and limitations.

^{*}Employer and employee contributions count towards the maximum yearly contribution amount.