



QUALIFIED FOR A HEATH 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 other non-qualifying coverage including Medicare.
- 3) You cannot be claimed as a dependent on another individual's tax return.

PERSONAL INFORMATION						
First Name:			Last Name:		Middle Initial:	
Social Security Number:			Phone Num		Phone Number:	
Group Name:						
Health Plan Coverage: ☐ Employee Only ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Employee + Family						
CONTRIBUTION ELECTIONS – FOR EMPLOYER USE TO ENTER ON PORTAL						
Enter the amount of your HSA contribution that is to be deducted from your pay each month:						
	EMPLOYEE Per Pay Period Contribution		Number of pay periods (from eligibility date)		TOTAL Yearly Contribution	
	\$	х		II	\$	
The combination of the employer and employee contributions cannot exceed the following: 2014 Calendar Year -Employee Only: \$3,300 -Employee + one or more dependants: \$6,550 -Catch-up contribution for 55+: \$1,000						
AUTHORIZATION & CERTIFICATION						
 I accept the terms of the HealthEquity HSA enrollment form and the HSA Custodial Agreement. The HSA Custodial Agreement is available by clicking on "Forms and Documents" in the Resource Center on www.healthequity.com 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. 						
Pr	Print Name Signature				D	ate



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