



Group 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* have other coverage (i.e. Medicare, MSA, etc.) *unless* it's another HDHP.**
- 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 Number: \_\_\_\_\_

Street: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different)

PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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:

EMPLOYER Per Pay Period Contribution	EMPLOYEE Per Pay Period Contribution	TOTAL <i>Per Pay Period</i> Contribution <small>Employer + Employee</small>		Number of pay periods (from eligibility date)		TOTAL Yearly* Contribution <small>Employer + Employee</small>
\$	\$	\$	X		=	\$

\*The combination of the employer and employee contributions cannot exceed the IRS maximums.

**AUTHORIZATION & CERTIFICATION**

- In compliance with the USA PATRIOT Act, Allegiance 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.