Health Savings Account (HSA) Individual Enrollment Form

HealthEquity
Building Health Savings℠

Mail or fax completed forms to:

Address: **HealthEquity, Attn: HSA Enrollment**
15 W Scenic Pointe Dr, Ste 400, Draper, UT 84020

Fax: 520.844.7090

Eligibility

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.

Account Holder Information

First Name	M.I.	Last Name	
SSN	Gender ☐ Male ☐ Female	Date of Birth (mm/dd/yyyy)	
E-mail Address		Home Phone ( )	
Physical Street Address	City	State	ZIP
Mailing Address (if different)	City	State	ZIP

Insurance Coverage

Insurance Carrier	Annual Deductible
Coverage Effective Date	Coverage Type ☐ Single ☐ Family
Broker Name (optional)	Broker ID (optional)

Banking Information

What method would you like to use to make contributions to your HSA?

☐ **Option 1—Check**

Include a check payable to HealthEquity with this contribution form and mail to:

HealthEquity
Attn: Client Services
15 W Scenic Pointe Dr, Ste 400
Draper, UT 84020

Include the tax year and your 6 or 7 digit HealthEquity ID number on the check.

☐ **Option 2—One-time electronic funds transfer (EFT) Fax this form and a copy of a voided check to HealthEquity, Attn: Member Services, 801.727.1005. Voided check is required if your personal account is not on file.**

Amount of initial deposit (minimum of $75): $_____

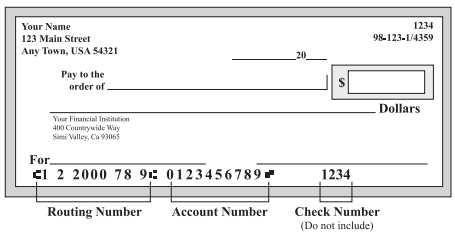
Amount of future monthly contributions: $_____

Financial institution:_____

City/state:_____

Account type: ☐ Checking ☐ Savings

Routing number:_____ Account number:_____



The $10 enrollment fee and the first month's $3.95 administration fee will be deducted from your initial contribution. The $3.95 administration fee is waived if an account balance of $1,500.00 exists on the first day of the month. 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 above for your checking account. Reimbursements that you request from your HSA will be deposited directly into your checking account unless you notify us otherwise.

Authorization and Certification

- I accept the terms of the HealthEquity HSA enrollment form and the HSA custodial agreement. The HSA custodial agreement is available at http://healthequity.com/en/Site/EducationCenter/Forms.aspx under Health Account Forms and Agreements.
- 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.

FDIC