HealthEquity

Health Savings Account
Individual Enrollment Form

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: Company _____ Annual Deductible: $_____

Coverage Effective Date _____ Coverage Type: ☐ Single ☐ Family

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

HSA Contributions

Option 1 ☐ Check – include initial contribution with your enrollment form (minimum of $75). Make check payable to HealthEquity.

Option 2 ☐ Electronic Funds Transfer (EFT): Amount of initial contribution (minimum of $75): $_____

Amount of future monthly contributions: $_____

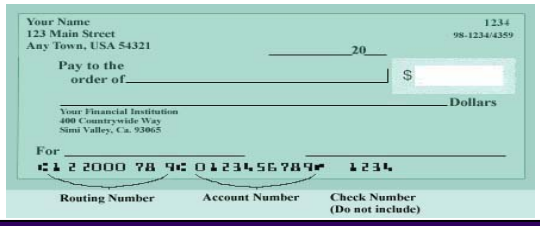
The $13 enrollment fee and the first month's $3.95 administration fee will be deducted from your initial contribution. Your initial EFT contribution will be transferred from your checking account to your HSA within two weeks of the opening of your HSA. Please provide the information below for your checking account. Reimbursements that you request from your HSA will be deposited directly into your checking account unless you notify us otherwise.

Financial Institution _____

City, State _____

Routing Number _____

Account Number _____



Authorization and Certification

- I accept the terms of the HealthEquity HSA enrollment form and the HealthEquity HSA Custodial Agreement
- I understand that if I provide an email address I will receive statements and notifications electronically and must notify HealthEquity if I change my email address to continue receiving my statement. Delivery preferences may be changed online.
- 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 to at least $250,000 by the Federal Deposit Insurance Corporation (FDIC).

FDIC

Please Mail or Fax Completed Forms to:
HealthEquity Enrollment
15 West Scenic Pointe Drive, Suite 400
Draper, UT 84020
Fax: 520-844-7090