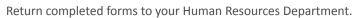
## Health Savings Account (HSA) Employee Enrollment Form





Eligibility						
To be eligible to open a health savings account (HSA), you deductible health plan (HDHP), 2) You can't be covered dependent on another individual's tax return.		,			, ,	
Employer Information						
Enrollment cannot be processed without your employe	r's name.					
Account Holder Information						
First Name	M.I.	Last Name				
SSN	Gender  Male	☐ Female	Date of Birth (mm/dd/yyyy)			
nail 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						
<ul> <li>I accept the terms of the HealthEquity HSA enrollment available by selecting Forms and Docs on the HealthEquity.</li> <li>In compliance with the USA PATRIOT Act, HealthEquity this identity verification process, you may be asked to can be established.</li> </ul> Print Name	quity member բ y must verify th	oortal. e identity of all custo	mers seeki	ng to op	pen an HSA. As part of	
	-					



The balances in all HealthEquity HSAs are FDIC-insured unless invested in mutual funds.