## Health savings account (HSA) employee enrollment form



Return completed forms to your Human Resources Department.

Employer information								
Enrollment cannot be processed without your employer's	s name.							
anployer name								
Account holder information								
First name	M.I.		Last name					
SSN	Gender	☐ Female	Date of birth (mm/dd/yyyy)					
Email address			Home phone					
Physical street address	City	City		ZIP				
Mailing address (if different)	City		State	ZIP				
Insurance coverage								
Insurance carrier								
Coverage effective date	overage effective date  Coverage type  Single Family							
Authorization and certification								
By opening a health savings account (HSA) with HealthEquity, you accept the terms of HSA enrollment and the custodial agreement. You may view the HSA custodial agreement here: http://resources.healthequity.com/Forms/Agreements/ HealthEquity_Custodial_Agreement.pdf. Upon enrollment, you understand and agree to the following:  • You are covered by a qualified high deductible health plan (HDHP).  • You are not covered by any other non-qualified health coverage, including Medicare.  • You are not claimed as a dependent on another individual's tax return.  • HealthEquity must verify your identity in order to open your HSA.  For further information regarding HSA laws, go to http://www.irs.gov/pub/irs-pdf/p969.pdf.  Print name  Signature  Date								
Contribution information and authorization  Frequency of payroll □ Weekly □ Bi-Weekly □ Monthly □ Semi-monthly								
Please withhold \$ from my payroll and apply the funds to my HealthEquity HSA.								
Signature								
2024 annual HSA contributions 2025 annual HSA contributions								
Coverage type Total annual contribution* Per mod	ath	Coverage type	Total annual	contribu	ution* Per month			

2024 annual HSA contributions					
Coverage type	Total annual contribution*	Per month			
Self-Only	\$4,150	\$345.83			
Family	\$8,300	\$691.66			

202	2025 annual HSA contributions					
Coverage type	Total annual contribution*	Per month				
Self-Only	\$4,300	\$358.83				
Family	\$8,550	\$712.50				

 $<sup>^*</sup>$ Employer and employee contributions count towards the maximum yearly contribution amount.