



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: _____

Street Address: Street: _____

(no PO Boxes) 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

HSA Contributions

Once your account is set up you may make contributions to your HSA via check or Electronic Funds Transfer (EFT). To set up recurring contributions call 1-866-346-5800 or log on to your personal HSA desktop after your account is established.

Autopay

Your health savings account will be set up to pay claims automatically. When a claim is received from a doctor or hospital it will be reviewed to ensure that you receive the appropriate discounts. Approved claims that are not covered by your qualified high deductible health plan are sent to HealthEquity for payment. If there are sufficient funds in your HSA to pay the approved claim, HealthEquity will deduct the payment from your HSA and send payment to the doctor or hospital on your behalf. The payment will appear on the HealthEquity web site and your monthly HSA statement. If you would like to opt out of this service, please contact HealthEquity at 1-866-346-5800 or on log on to your personal HSA desktop after your account has been established.

Authorization & Certification

I accept the terms of the HealthEquity HSA enrollment form and the HSA Service Agreement. I understand that my health savings account funds will be maintained at The Bancorp Bank who will act as the legal custodian.

Under penalties of perjury, I certify:

- The number shown above is my correct taxpayer identification number (TIN)
- I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified the Client that the Client is no longer subject to backup withholding,
- I am a U.S. person (including a U.S. resident alien).

Signature

Print Name Signature Date