

# Health Savings Account (HSA) Employer Enrollment Form



Mail or fax completed forms to:

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

**Fax:** 520.844.7090

**CPN**

Employer Information			
Company Name		Tax ID Number	
Contact Name		Title	
Phone (    )	Fax (    )	E-mail Address	
Street Address		City	State    ZIP
Billing Address (if different)		City	State    ZIP
Industry Code (SIC)	Total Medical Benefit Eligible Employees		Total Employees

Insurance Information	
Insurance Company Name	Group Effective Date
Group Number	Plan Renewal Date
Single Annual Deductible \$	Family Annual Deductible \$
HealthEquity Broker/Agency ID (optional)	Broker/Agency Name (optional)

**HSA Information**

An employer may make contributions to its employees' HealthEquity® HSAs. The employer may also collect employee contributions to its employees' HSAs by payroll deduction and remit those contributions to HealthEquity **via HealthEquity's Employer Portal** once its employees' HSAs have been established.

The employer contribution should be comparable for each employee within the same coverage type (individual or family).

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, your employees may be asked to provide additional information and/or documentation before their accounts can be established.

Authorization and Certification		
Employee enrollments are processed on your HealthEquity Employer Portal.		
Print Name	Signature	Date

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

