

Health Savings Account (HSA) Employee Enrollment Form



Mail or fax completed forms to:

Address: HealthEquity, Attn: HSA Enrollment
15 W Scenic Pointe Dr, Ste 400, Draper, UT 84020

Fax: 520.844.7090

CPN

Eligibility

To be eligible to open a health savings account (HSA), you must meet three criteria: 1) You must be covered by a qualified high-deductible health plan (HDHP), 2) You can't be covered by another health plan, including Medicare, 3) You can't be claimed as a dependent on another individual's tax return.

Employer Information

Enrollment cannot be processed without your employer's name.

Employer Name

Account Holder Information

First Name	M.I.	Last Name	
SSN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	
E-mail 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

- I accept the terms of the HealthEquity HSA enrollment form and the HSA Custodial Agreement. The HSA Custodial Agreement is available at www.healthequity.com/ResourceCenter under Forms and Documents.
- 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 by the Federal Deposit Insurance Corporation (FDIC), subject to applicable deposit limits.



866.889.8583

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