Health Savings Account Authorization 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
3) You cannot be claimed as a dependent on another individual's tax return

Personal Information

First Name:_____ Last Name:_____ Middle Initial:_____
Social Security Number:_____ Contact Phone Number:_____
Group Name:_____

Contribution Elections – For Employer Use to enter on portal

Enter the amount of your HSA contribution that is to be deducted from your pay each month:
$_____x12= $_____ total annual employee contribution
2011 Contribution Limits: Single Limit is $3050.00 Family Limit is $6150.00
2012 Contribution Limits: Single Limit is $3100.00 Family Limit is $6250.00
$1000 Catch up contribution for those 55 or older.

Authorization & Certification

- I accept the terms of the HealthEquity HSA enrollment form and the HSA Custodial Agreement. The HSA Custodial Agreement is available by clicking on "Forms and Documents" in the Resource Center on www.healthequity.com.
- 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.

FDIC

Please return this form to your Employer.