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.							
Account holder information								
First name	M.I.		Last name					
SSN	Gender Male	☐ Female	Date of birth (mm/dd/yyyy)					
Email address	'		Home phone					
Physical street address	City		State ZIP					
Mailing address (if different)	City	St		ZIP				
Insurance coverage								
Insurance carrier								
Coverage effective date	Coverage 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 Date 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 Date								
2025 annual HSA contributions 2026 annual HSA contributions								
Coverage type Total annual contribution* Per more	nth	Coverage type T	Total annual contribution* Per month					

202	2025 annual HSA contribution				
Coverage type	Total annual contribution*	Per month			
Self-Only	\$4,300	\$358.33			
Family	\$8,550	\$712.50			

202	2026 annual HSA contributions				
Coverage type	Total annual contribution*	Per month			
Self-Only	\$4,400	\$366.66			
Family	\$8,750	\$729.16			

^{*}Employer and employee contributions count towards the maximum yearly contribution amount.

Your HSA cash balance is held at an FDIC-insured or NCUA-insured institution and is eligible for federal deposit insurance, subject to applicable requirements and limitations.