

# 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 name.

Employer name

## Account holder information

|                                |   |                            |     |
|--------------------------------|---|----------------------------|-----|
| First name                     | M.I.  | Last name                  |     |
| SSN                            | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Date of birth (mm/dd/yyyy) |     |
| Email address                  |   | Home phone<br>(     )      |     |
| 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

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](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

Signature

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

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

### 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.