

### Health Savings Account (HSA) Enrollment Form

Follow these easy steps:

1. Complete all entries on this Enrollment Form. Please print.
2. Sign and date this form.
3. Submit it to your Human Resources Department.

#### For Employer Use

Date of Hire (MM/DD/YYYY):

Benefits Effective Date:  
(MM/DD/YYYY)

#### Personal Information

Employee Name: (last name, first name)	Social Security Number:
Street Address: (cannot be PO Box)	City, State, Zip Code:
Mailing Address: (if different)	City, State, Zip Code:
Day Time Phone Number:	Email Address:
Date of Birth (MM/DD/YYYY):	Enrollment Status <input type="checkbox"/> New Enrollment <input type="checkbox"/> Re-enrollment
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

#### Health Savings Account Qualification

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 qualifying high deductible plan.
- 2) You cannot be covered by another health plan, including Medicare or Flexible Spending Account. (You may be covered by a Limited Purpose Flexible Spending Account).
- 3) You cannot be claimed as a dependent on another individual's tax return.

#### Health Savings Account

Select HSA     Decline HSA    Monthly Employer Contribution:    **Individual \$25.00    Family \$50.00**

I. Annual Employee Contribution  
(Not to Exceed Contribution Maximums\*)

II. Number remaining pay periods

III. Contribution per pay period (I divided by II)

#### Authorization and Certification

I accept the terms of the ConnectYourCare HSA enrollment form. I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified. I understand the HSA election I have made will remain in place from year-to-year until I notify my employer of a change to my HSA election.
- I must report any administrative errors to my payroll administrator or HR department within 10 days of my first payroll deduction of the plan year.

I will receive Payment Card to access funds in my account. I certify that:

- The card will only be used for eligible medical expenses.
- Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits. I understand that supporting documentation may be requested.

Employee Signature

Date

## Health Savings Account (HSA) Enrollment Form

**PER THE USA PATRIOT ACT:**

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open the account, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

\*The total combined amount of both employer and employee contributions cannot exceed IRS maximum contributions limits.

IRS regulations are indexed annually for inflation. If you want to contribute the total annual amount for a tax year in which you were only HSA eligible for a portion of that year, you must remain HSA eligible through the end of the next tax year or face tax penalties.