

# 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	
Email 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 <input type="checkbox"/> Single <input type="checkbox"/> 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
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The balances in all HealthEquity HSAs are FDIC-insured unless invested in mutual funds.

# Employee HSA payroll deduction form



Return completed forms to:

Company name: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

## Annual employer contribution information

Self-only	Family	Other (optional)

For mid-year enrollees, contact your HR department for your pro-rated employer election amount.

Notes

## HSA contribution limits and contribution calculator

2020 annual HSA contributions			2021 annual HSA contributions		
Coverage type	Total annual contribution*	Per month	Coverage type	Total annual contribution*	Per month
Self-only	\$3,550	\$295.83	Self-only	\$3,600	\$300.00
Family	\$7,100	\$591.67	Family	\$7,200	\$600.00

\*Catch-up contribution (age 55+): additional \$1,000/year

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<b>Total annual contribution</b>	- <b>(MINUS)</b>	<b>Total annual employer contribution</b>	=	<b>Total eligible amount</b>
<input type="text"/>		<input type="text"/>		<input type="text"/>
<b>Total eligible amount</b>	/ <b>(DIVIDED)</b>	<b>Enter number of pay periods remaining in the year from form submittal date</b>	=	<b>Per-pay period max withholding</b>
<input type="text"/>		<input type="text"/>		<input type="text"/>

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact HealthEquity Member Services at 866.346.5800.

## Employee information and authorization

Employee name	Last 4 of SSN or employee ID
Please withhold \$ _____ from my (weekly/bi-weekly/monthly) payroll and apply the funds to my HealthEquity HSA.	
Signature	Date