

Health Savings Account (HSA) Employee Enrollment Form



Return completed forms to your Human Resources Department.

Debbie Deegan

Fax: 781-751-9138

EMPLOYEE # _____

Employer Information

Enrollment cannot be processed without your employer's name.

Employer Name TOWN OF DEDHAM

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. 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
------------	-----------	------



The balances in all HealthEquity HSAs are FDIC-insured unless invested in mutual funds.