



Group Name: _____

QUALIFIED FOR A HEALTH SAVINGS ACCOUNT

This enrollment form is to open a Health Savings Account that is used to accumulate assets for the payment of qualified healthcare expenses. 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 qualified high deductible health plan.
- 2) You cannot have other coverage (i.e. Medicare, MSA, etc.) unless it's another HDHP.
- 3) You cannot be claimed as a dependent on another individual's tax return.

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____

Social Security Number: _____ Phone Number: _____

Street: _____ Email: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different)

PO Box: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Effective Date: _____ Date of Hire: _____

Health Plan Coverage: Employee Only Employee + Spouse Employee + Child(ren) Employee + Family

CONTRIBUTION ELECTIONS FOR EMPLOYER USE TO ENTER ON PORTAL

Enter the amount of your HSA contribution that is to be deducted from your pay each month:

EMPLOYER Per Pay Period Contribution	EMPLOYEE Per Pay Period Contribution	TOTAL Per Pay Period Contribution <small>Employer + Employee</small>		Number of pay periods (from eligibility date)		TOTAL Yearly* Contribution <small>Employer + Employee</small>
\$	\$	\$	X		=	\$

*The combination of the employer and employee contributions cannot exceed the IRS maximums.

AUTHORIZATION & CERTIFICATION

- In compliance with the USA PATRIOT Act, Allegiance must verify the identity of all customers seeking to open an HSA. As part of this identity verification process, you may be asked to provide additional information and/or documentation before your account can be established.

Print Name

Signature

Date



The balance in your HSA is insured by the Federal Deposit Insurance Corporation (FDIC), subject to applicable deposit limits.