Health Savings Account (HSA)
Employee Enrollment Form

Return completed form to your Benefits Department (benefitshelp@proton.me)

Employer Information

Enrollment cannot be processed without your employer's name.

Employer Name
T-Org

Account Holder Information

First Name	M.I.	Last Name	
SSN	Gender ☐ Male ☐ 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 ☐ 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. 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

FDIC Each depositor insured to at least $250,000 Backed by the full faith and credit of the United States government Federal Deposit Insurance Corporation www.FDIC.gov

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