HealthEquity

# Health Savings Account
# Employee Enrollment Form

**Employer** City of Flagstaff

## 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 be covered by another health plan, including Medicare

3) You cannot be claimed as a dependent on another individual's tax return.

## Personal Information

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

Street Address: Street: _____

City: _____ State:_____ Zip: _____

Mailing Address Street: _____

(if different) City: _____ State:_____ Zip: _____

Date of Birth: _____ Email: _____ (for statements and notices)

Contact Phone: (_____)_____ Social Security Number: _____ Gender: ☐ M ☐ F

Insurance Coverage: Coverage Effective Date _____ Coverage Type: ☐ Single ☐ Family

## Authorization and Certification

- I accept the terms of the HealthEquity HSA enrollment form and the HSA Custodial Agreement.

## Signature

_____ _____ _____

Print Name Signature Date

You may choose to have the Employer contributions only deposited into your H.S.A. *and* you may elect pre-tax payroll deductions deposited into your H.S.A. Please complete the following:

☐ Employee Contribution $_____ (2009 Maximum $3,000 Single, $5,950 Family, 55+ $1,000)

☐ Employer Contribution $22.06/per pay period, $44.12/month

**In order to comply with the USA PATRIOT Act, you must provide a photocopy of a valid photo identification card showing residence (driver's license, passport, state or government-issued photo ID and a photocopy of your Social Security card.**

**If your photo identification card does not list your current physical home address, you must provide a photocopy of a utility bill with your name and current address.**