



HSA Enrollment Form

Instructions: Use this form to establish a Health Savings Account (HSA). Return this application to **your employer**.

Note: We comply with Section 326 of the USA PATRIOT Act, which requires us to collect and verify certain information about you when processing your account application. Please retain a copy of this Enrollment Form for your records. (Asterisks "*" below indicate required fields)

HSA Account Holder Information:

Employee ID: _____ Social Security Number*: _____
Date of Birth*: _____ Email*: _____
First Name*: _____ MI: _____ Last Name*: _____

Physical Address - Required for Account Application

Address Line 1*: _____
Address Line 2: _____
City*: _____ State*: _____ ZIP*: _____

Mailing Address

Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ ZIP: _____

Employer & Health Plan Information

Employer Name*: _____
Health Plan Coverage Tier (Single or Family)*: _____ HSA Effective Date*: _____

Beneficiary Designation

Federal law allows you to designate one or more persons as beneficiaries if you die before all the funds in your HSA have been distributed. Once your account is established, you can log-in to the WealthCare Portal to designate your beneficiaries by going to **My Accounts** and then **Benefit Account Summary** to view your HSA account. You will then click **View Beneficiaries** just above your account balance information.

By Signing Below, I certify that:

- I am, or will be covered by a qualified High Deductible Health Plan (HDHP), I am not enrolled in Medicare or covered under other health insurance that is not compatible with an HSA, and I may not be claimed as a dependant on another person's tax return (excluding spouses per the IRS)
- WealthCare Saver is hereby appointed to serve as custodian of my Health Savings Account.
- To help the government fight the funding of terrorism and money laundering activities, Federal Law requires that all financial institutions obtain, verify and record information that identifies each person who opens an account. What this means to you: when you open an account we will need you and your authorized signer to provide name, street address, date of birth and other information that will allow us to identify you and your authorized signer. We may also ask to see your driver's license or other identifying documents.
- I understand account statements are delivered electronically and I can change delivery preference once enrolled for online access
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. citizen or other U.S. person.

Print Name

Signature

Date