

ENROLLMENT

HSA

Please fill out the following form to open a Health Savings Account (HSA).

ACCOUNTHOLDER INFORMATION					
Last Name:			First Name:		Middle Initial:
Social Security #:			Employee ID and Employer: (if applicable)		
Date of Birth:			Address: (cannot be a PO Box)		
Daytime Phone:					
Home Phone:					
Email Address:					
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	Mother's Maiden Name	
Hire Date:		Hours Per Week:		Payroll Frequency:	

ELECTION

☐ I am enrolling in an HSA through my employer. I authorize my employer to deduct my HSA contributions from my pay and forward them to my HSA. Please complete the section below.

Note: Your employer may also make a contribution to your HSA that will apply to your maximum contribution allowed. You are solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. You are also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution.

Effective Date of HSA Enrollment: _____

Indicate an annual employee election **or** a pay period election:

Employee Annual Election \$ _____ **or** Per Pay Period Contribution \$ _____

Indicate HDHP Coverage Level: ☐ Self Only **or** ☐ Family/Other

Indicate if you are enrolled in HDHP through your employer: ☐ yes **or** ☐ no

Your contributions will be withdrawn from your pay in each pay period. If your employer maintains a cafeteria plan that permits HSA contributions, your contributions will be made with pre-tax dollars. You may also make contributions outside of your employment. Please make sure your contributions do not exceed the annual IRS limits.

PRIVACY POLICY

By executing this form, you acknowledge receipt of the Privacy Policy. You agree to receive future notices of any updates to the Privacy Policy at www.healthcarebank.com, and to review the Privacy Policy no less frequently than annually. See Privacy Policy in your Paylocity Employee Portal.

Signature

Date

RETURN COMPLETED FORM TO YOUR EMPLOYER FOR PROCESSING.

Questions? Contact Paylocity toll-free at (800) 631-3539 or bathsaooperations@paylocity.com.

