



# Health Savings Account

### **Authorization form**

# Health Savings Account (HSA) qualifications

This enrollment form is to open an HSA that is used to accumulate assets for the payment of qualified health care expenses. Your HSA is your financial asset even if you change employers or health plans.

#### To open an HSA 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

Social Security number:	Phone number:	
Member ID number: (See Providence Health Plan insurance card)	Insurance coverage effectiv	ve date:
Authorization and certification		
I accept the terms of the HealthEquity HSA enrollment form and the HSA custodial agreement. The HSA custodial agreement is available by clicking on "Forms and Documents" in the resource center at www.healthequity.com.		
In compliance with the USA Patriot Act, HealthEquity 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 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),

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Middle initial: \_\_\_\_



and is subject to applicable deposit limits.