



Health Savings Account Authorization Form

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		
First Name: Las Social Security Number: Group Name: _FERGUS COUNTY	t Name: Contact Phone Numb	Middle Initial: er:
Contribution Elections – For Employer Use to enter on portal		
Enter the amount of your HSA contribution that is to be deducted from your pay each month: \$x12= \$ total annual employee contribution 2014 Contribution Limits: Single Limit is \$3300.00 Family Limit is \$6550.00 \$1000 Catch up contribution for those 55 or older.		
Authorization & 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 on 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/or 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), subject to applicable deposit limits.



Please return this form to your Employer.