



# Health Savings Account Enrollment 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: \_\_\_\_\_ Last: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Street Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_

*(if different)*

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employer Name: **Federal Employees Health Benefits Program** Group Number: **MHBP**

## 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](http://www.healthequity.com).
- I acknowledge that this account will be established according to the custodial agreement that is between the custodian and me, the account holder. I understand that Coventry is not a party to this agreement
- This authorizes my insurance company, employer, hospital, physician, or pharmacy (or any of their agents) to release or receive information with respect to myself or any of my dependents for use in connection with the administration of this plan or any other plan providing benefits or services to me, to any of my dependents, or for related health benefits services.
- 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 mail completed forms to:

MHBP Consumer Option HSA  
PO Box 30088  
Salt Lake City, UT 84130-0088

