HealthEquity

MHBP SM

# 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: *(if different)* Street: _____

City: _____ State: _____ ZIP: _____

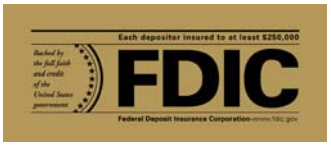
Employer Name: **Federal Employees Health Benefits Program** Group Number: **MHBP**

## 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.
- 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