First HSA

ConnectiCare
You know us by

Health Savings Account
Employee Enrollment Form

Employer Name _____

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 and 3) You cannot be claimed as a dependent on another individual's tax return.

Personal Information

Name: First: _____ Last: _____ Middle Initial: _____

Street Address: Street: _____

if P.O. Box – also provide street City: _____ State: _____ Zip: _____

Mailing Address: Street: _____

(if different) City: _____ State: _____ Zip: _____

Date of Birth: _____ Email: _____ *(for statements and notices)*

Contact Phone: (_____) _____ Social Security Number: _____ Gender: ☐ M ☐ F

Insurance Coverage: Coverage Effective Date _____ Coverage Type: ☐ Single ☐ Family

Employee Contribution Amount: $_____ Employer Contribution Amount: $_____

Authorization and Certification

- I accept the terms of the First HSA Health Savings Account 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.1hsa.com.
- In compliance with the USA PATRIOT Act, First HSA 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.

FDIC

Please Mail or Fax Completed Forms to:
First HSA – New Accounts
2561 Bernville Rd.
Reading, PA 19605
Fax: 610-678-6818