

## Health Savings Account Enrollment and Payroll Deduction Election/Change Form

I would like to open my health savings account as follows:

Account Holder Information			
First Name	M.I.	Last Name	
SSN	Gender F Male   F Female	Date of Birth(mm/dd/yyyy)	
Email Address		Home Phone (   )	
Physical Street Address	City	State	ZIP
Mailing Address(if different)	City	State	ZIP
Agency Name	Agency Number	Monthly Deduction	

Authorization and Certification		
<p>By opening a health savings account (HSA) with HealthEquity, you accept the terms of HSA enrollment and the custodial agreement. You may view the HSA custodial agreement here <a href="http://healthequity.com/en/Site/EducationCenter/Forms.aspx">http://healthequity.com/en/Site/EducationCenter/Forms.aspx</a></p>		