HRC TOTAL SOLUTIONS

Health Savings Account (HSA) Enrollment Form

I. Account Holder Profile Information

First Name:	Last Name:	SSN:
Date of Birth:	Email Address:	
Legal Address Line 1 (Cannot be PO Box):		
Legal Address Line 2 (Cannot be PO Box):		
City:	State:	Zip:
Mailing Address Line 1 (If different):		
Mailing Address Line 2 (If different):		
City:	State:	Zip:
Home Phone:	Daytime Phone:	
Employer:	Mother's Maiden Name:	
Gender: ☐ Male ☐ Female	Marital Status: ☐ Married ☐ Single	Effective Date:

II. Election

☐ I am enrolling in an HSA through my employer, I authorize my employer to deduct my HSA contributions from my pay and forward them to my HSA. *(Please complete the section below)*

Note: Your employer may also make a contribution to your HSA that will apply to your maximum contribution allowed. You are solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. You are also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution.

Indicate an annual employee election **or** a pay period election:	Employee Annual Election	$	Per Pay Period Election	$

Indicate if you are enrolled in an HDHP through your employer: ☐ Yes ☐ No

Indicate HDHP Coverage Level: ☐ Self-only ☐ Family/Other

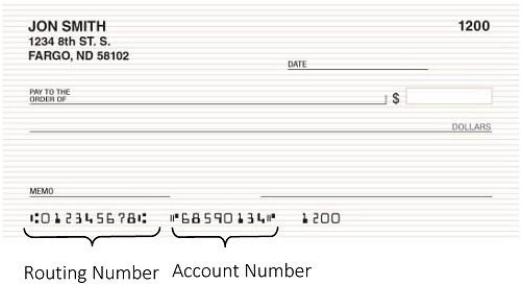
Your contributions will be withdrawn from your payroll each pay period. If your employer maintains a cafeteria plan that permits HSA contributions, your contributions will be made with pre-tax dollars. You may also make contributions outside of your payroll.

III. Debit Card

A Debit Card will automatically be issued in the account holders name and shipped to the address above. Once the enrollment is processed it should arrive within 10-14 days.
Note: To issue separate debit cards to any dependents 18 years of age or older, please complete and submit the Additional Debit Card Request Form.

IV. Direct Deposit Setup

Bank Name:	☐ Checking ☐ Savings	
Account Number:		
Routing Number:		
Address:		
City:	State:	Zip:



V. Beneficiary Designation and Information

I designate the following individual(s) as my primary or contingent beneficiary(ies) of this HSA. If I am married in common law or in a community of marital property state, I must designate my spouse as my Primary Beneficiary unless spouse's signature is obtained and notarized below. Share percentages must equal 100% for primary and 100% for contingent.

Name and Address	Date of Birth	Social Security Number	Primary or Contingent	Relationship	Share Percentage
			☐ Primary ☐ Contingent	☐ Spouse ☐ Dependent ☐ Other	
			☐ Primary ☐ Contingent	☐ Spouse ☐ Dependent ☐ Other	
			☐ Primary ☐ Contingent	☐ Spouse ☐ Dependent ☐ Other	

☐ I am not married. If I become married at a future date, I must complete a new Beneficiary Designation form.

☐ I am married. I understand that if I choose to designate a primary death beneficiary other than my spouse, he or she must agree to the designation by signing below. My spouse's signature must be notarized.

Signature of Spouse _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Date _____ Notary Public _____

VI. HSA Consumer Schedule of Fees

HSA Account Cancelation Fee:	$25.00	Insufficient Funds Fee:	$10.00
Mailed Tax Documents:	$10.00	Stop Payment Fee:	$30.00
Replacement Debit Card Fee:	$ 5.00	Returned Check Fee:	$25.00
Paper Statement (Monthly) – No cost for emailed statements			$2.00/month
Check Reimbursement – No cost for funds electronically deposited			$2.00/check
Individual Account Administration Fee – Some Employers cover this cost			$2.95/month
Individual Account Setup Fee – Some Employers cover this cost			$10.00

Signature _____ **Date** _____

Please return completed form to HRC Total Solutions Enrollment Department
Fax: (866) 978-7868 Secure Email: https://goo.gl/Jd413r