

Health Savings Account (HSA) Enrollment Form

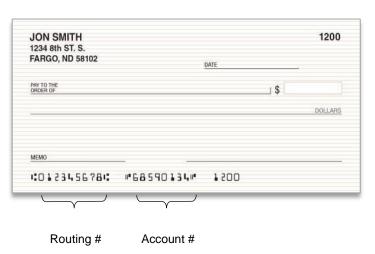
If you have any questions about HSAs or completing this form, please contact Customer Service at (603) 647-1147 ext.1.

Part I - Accountholder Profile Information						
*Consumer Name (First, MI, Last)		*Employ	*Employer Name (If sponsored by an employer plan)			
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Home Phone *N		Mobile Phone		
*Physical Street Address (U.S. address is required to open an HSA)						
*City	*City			*Zip		
Alternate Mailing Street Address or P.O.	Вох					
City		State		Zip		
*Email Address						
*Gender Male	*Gender Male Female Unspecified *Marital Status Married Single					
*Mother's Maiden Name		*HSA Me	*HSA Medical Plan Effective Date *HSA Bank Accord			
*Hire Date	*Hours Worked per Week		*Payroll Frequency			
Part II - Authorization and Flig	ibility Certification					
 Part II - Authorization and Eligibility Certification When opening an HSA with HRC Total Solutions, I understand and agree to the following: I am at least 18 years old and cannot be claimed as a dependent on someone else's tax return. I am covered under a high deductible health plan (HDHP). I am not enrolled in Medicare. I do not have any other non-qualified health coverage. I do not have a flexible spending account (FSA) to pay for medical expenses incurred before my medical plan deductible is met unless it is limited to pay for dental and vision expenses only. My spouse, if applicable, does not have a flexible spending account (FSA) to pay for medical expenses before their medical plan deductible is met, unless it is limited to pay for dental and vision expenses only. As a follow-up to this application, you will need to login to the HSA website to accept your terms and conditions. 						
*Signature	*Print Nan	ne		*Date		

Part III - Election f	or Payroll	Deduction								
(Complete this se	ction if you	u are enroll	ling thro	ough you	r e	mployer's b	enefit off	ering)		
I authorize my	employer to	deduct my H	ISA contr	ibutions fro	om	my payroll, ar	nd forward t	hem to my HS	SA.	
*My health plan cove	rage Type:	Single		Family						
Note – The HSA had level of coverage contribution allow account. If you are regard to the maxindividual during a You are solely recontribution limitate a withdrawal of the additional informatics.	Your emp yed. Your he re covered kimum cont the next ca sponsible fo tion. You a ne excess c	loyer may cealth plan end by your Hear indutions and lendar year, or determinite also respontribution to	hoose to ffective of alth Plan d are no , any cor ng whet ponsible together	contribution contributions of contributions ther contributions for notifying with any	te mb d to bui ng	to your HSA, rage will deter 1, you're concern the prorations to your the custodiat income attr	which will ermine the considered ur contributed amour HSA excention of any exibitable to	I count toward effective data deligible for the litions. If you not may be an eved the maximus contriled the excess	ds to your te of your he entire cease to b excess c mum annu oution and	r maximum HSA bank year in be an eligible ontribution. ual I requesting
2023 Annual Contril	bution Limit	t				2024 Annua	al Contribu	tion Limit		
Health Plan Coverage Level		Contribution _imit	Per Month				Health Plan Coverage Level		*Annual Contribution Limit	
Self-Only	\$	3,850	\$320.83			Self-Only		\$4,150		\$345.83
Family	\$	7,750	\$645.33			Family		\$8,300		\$691.66
*Account Holders age 55+ eligible for an additional catch-up contribution of \$1,000										
Your Personal Cont	ribution Fle	ection								
Annual Maximum Contribution (plus catch up if eligible)	Minus (-)	Total Employ	otal Employer nnual Contribution		Αı	our Eligible nnual ontribution	ıal		Equals =	Your Maximum Per Pay Period Payroll Deduction
\$		\$			\$					\$
Please withhold \$ from my payroll and apply to my HRC Total Solutions HSA. Part IV - Debit Card A debit card will automatically be issued to you to use to make medically qualified purchases from your HSA account. If you do not wish to have a debit card, then please select below.										
I do NOT wish to have a debit card with my HSA										

Part V - Bank Account and Reimbursement Method
When I am not using my debit card and request a distribution through the HSA website, then I select the method below to automatically receive my HSA distributions. Paper Check – I wish to have a paper check mailed to me. I understand there is a per check fee of \$2.00.
OR
FREE Direct Deposit – I wish to have distributions automatically deposited into my personal bank account and will complete the Direct Deposit Setup below. This personal bank account can also be utilized to make a post-tax contribution to your HSA from the HSA website and the HSA mobile application.

Enter your personal bank account information if Direct Deposit selected above.					
*Bank Name					
*Address		*City		*State	*Zip
*Account Type Checking Savings	*Routing #		*Account #		



Next Steps:

1. Email, mail or fax completed form to:

Email: https://hrcts.com/securemail

Address: 111 Charles Street, Manchester, NH 03101

Fax: 1-866-978-7868

2. Log into the HSA Portal and accept the terms and conditions of my HSA.

3. Verification of your identity is required for opening an HSA and may result in needing to supply additional information. If this applies to you, then you will be notified by HRC Total Solutions on how to proceed.

Part 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	\$2.00/month		
Please indicate if you want to have paper stateme	Yes No		
Check Reimbursement – No cost for funds electro	\$2.00/check		
Individual Account Administration Fee – Some Em	\$2.95/month		
Individual Account Setup Fee – Some Employers co	\$10.00		