



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)		*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Home Phone	*Mobile Phone
*Physical Street Address (U.S. address is required to open an HSA)			
*City		*State	*Zip
Alternate Mailing Street Address or P.O. Box			
City		State	Zip
*Email Address			
*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		*Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
*Mother's Maiden Name		*HSA Medical Plan Effective Date	*HSA Bank Account Effective Date
*Hire Date	*Hours Worked per Week	*Payroll Frequency	

Part II - Authorization and Eligibility Certification		
<p>When opening an HSA with HRC Total Solutions, I understand and agree to the following:</p> <ul style="list-style-type: none"> 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. <p>As a follow-up to this application, you will need to login to the HSA website to accept your terms and conditions.</p>		
*Signature	*Print Name	*Date

Part III - Election for Payroll Deduction

(Complete this section if you are enrolling through your employer's benefit offering)

☐ I authorize my employer to deduct my HSA contributions from my payroll, and forward them to my HSA.

*My health plan coverage Type: ☐ Single ☐ Family

Note – The HSA has a maximum calendar year contribution limit set by the IRS and is based on Self only or Family level of coverage. Your employer may choose to contribute to your HSA, which will count towards to your maximum contribution allowed. Your health plan effective date of coverage will determine the effective date of your HSA bank account. If you are covered by your Health Plan by December 1, you're considered eligible for the entire year in regard to the maximum contributions and are not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any contributions over the prorated amount may be an excess contribution. You are solely responsible for determining whether contributions to your 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. For additional information regarding eligible and contribution limits please go to: www.irs.gov.

2023 Annual Contribution Limit

Health Plan Coverage Level	*Annual Contribution Limit	Per Month
Self-Only	\$3,850	\$320.83
Family	\$7,750	\$645.33

2024 Annual Contribution Limit

Health Plan Coverage Level	*Annual Contribution Limit	Per Month
Self-Only	\$4,150	\$345.83
Family	\$8,300	\$691.66

*Account Holders age 55+ eligible for an additional catch-up contribution of \$1,000

Your Personal Contribution Election

Annual Maximum Contribution (plus catch up if eligible)	Minus (-)	Total Employer Annual Contribution	Equals (=)	Your Eligible Annual Contribution	Divide (/)	Number of Payrolls per Year	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 #

JON SMITH
1234 8th ST. S.
FARGO, ND 58102

1200

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

MEMO _____

⑆0⑆2345678⑆ ⑈68590134⑈ 1200

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 Cancellation 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
Please indicate if you want to have paper statements mailed to you each month			<input type="checkbox"/> Yes <input type="checkbox"/> No
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