

Health Savings Account (HSA) Enrollment Form

Revised 4/2021



Reason for completing form:

New Enrollment Changing contribution amount Change in family status Cancellation

Employer Information
Enrollment cannot be processed without your employer's name.
Employer name: West Virginia University

Account Holder Information			
First name:	M.I.:	Last name:	
Last 4 of SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy):	
Email address:		Preferred phone:	
Physical street address:	City:	State:	ZIP:
Mailing address (if different):	City:	State:	ZIP:

Health Insurance Coverage	
Insurance carrier:	West Virginia Public Employees Insurance Agency (PEIA) PPB Plan C
Coverage type: <input type="checkbox"/> Single <input type="checkbox"/> Family	

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. Upon enrollment, you understand and agree to the following:</p> <ul style="list-style-type: none"> You are covered by a qualified high deductible health plan (HDHP). You are not covered by any other non-qualified health coverage, including Medicare Part A and Part B. You are not claimed as a dependent on another individual's tax return. HealthEquity must verify your identity in order to open your HSA. <p>For further information regarding HSA laws, go to https://www.irs.gov/pub/irs-pdf/p969.pdf</p>		
Print name: X	Signature: X	Date: X

Contribution Information and Authorization Frequency of payroll: Bi-Weekly Number of Pays: <input type="checkbox"/> 18 <input type="checkbox"/> 24		
Please withhold \$ _____ from every pay	Date to begin deduction: Immediately or Date:	Do you wish to participate in the Age 55 catch-up? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: X	Date: X	

2021 annual HSA contributions		2021 HSA age 55 catch-up	
Coverage type	Total annual contribution	Coverage type	Total annual contribution
Self-Only	\$3,600	Self-Only	\$1,000
Family	\$7,200	Family	\$1,000

Your HSA cash balance is held at an FDIC-insured or NCUA-insured institution and is eligible for federal deposit insurance, subject to applicable requirements and limitations.

<p>Options for submitting your form:</p> <p>Mail to: WVU Benefits Strategy One Waterfront Place PO Box 6640 Morgantown, WV 26506</p> <p>Click to: EMAIL FORM TO WVU BENEFITS STRATEGY</p>	<p>Shared Services Use Only:</p> <p>Signature: _____ Date: _____</p> <p>Effective Date of First Deduction: _____</p>
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