



Maximize Your Health Savings

HSA ENROLLMENT FORM

Instructions

1. Complete this form in order to open an HSA. (* = Required Fields)
2. Mail completed form to: **MEDSURETY LLC 4350 Baker Road, Suite 350, Minnetonka, MN 55343 or Fax 952-856-2656**

Accountholder Profile Information

*Name (Last, First, MI)
 - -
 *Social Security Number

 *Employee ID

 *E-mail Address

 *Address Line 1 (cannot be PO Box)

 *Address Line 2 (cannot be PO Box)

 *City *State *Zip
 - -
 *Home Phone

- -
 *Daytime Phone Number

 *Date of Birth
 Male Female
 *Gender
 Married Single
 *Marital Status

 *Mother's Maiden Name

 *Hire Date

 *Hours Worked Per Week

 *Payroll Frequency

2018 HSA Contribution Limits and Contribution Calculator

| 2024 Annual HSA Contributions | | |
|-------------------------------|----------------------------|-----------|
| Coverage Type | Total Annual Contributions | Per Month |
| Self-Only | \$4,150.00 | \$345.83 |
| Family | \$8,300.00 | \$691.67 |

*Catch-up contribution (Age 55+): Additional \$1,000/year

| | | | | |
|----------------------------------|----------------|--|---|---------------------------------------|
| Total Annual Contribution | | Total Annual Employer Contributions | | Total Eligible Amount |
| | - (Minus) | | = | |
| Total Eligible Amount | | Enter # of Pay Periods Remaining in the year from form submittal date | | Per-Pay Period Max Withholding |
| | / (Divided) | | = | |

Eligibility and contribution limits to your Health Savings Account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the pro-rated amount is considered an excess contribution and subject to penalty an income tax. For further information or to review eligibility, please contact MEDSURETY LLC customer service at 888-816-4234

Employee Information & Authorization

I am electing coverage on a qualifying HDHP through my employer, and am electing:
 Self-Only Coverage Family Coverage

Please withhold \$_____ from my (weekly/biweekly/monthly/semi-monthly) payroll and apply the funds to my MEDSURETY HSA.

Signature: _____ Date: _____

Reimbursement Method

Please select your primary method of reimbursement from your HSA.

Direct Deposit – You will need to provide your bank account information in the Direct Deposit Setup Section.

or

Check – All reimbursements paid by sending you check. Note that a fee of **\$2.00** will apply for each check reimbursement. If choosing this option, skip the Direct Deposit Setup Section.

Direct Deposit Setup

This section is required if you have chosen Direct Deposit as your HSA Reimbursement Method above.

*Bank Name

*Address

*City

*State

*Zip

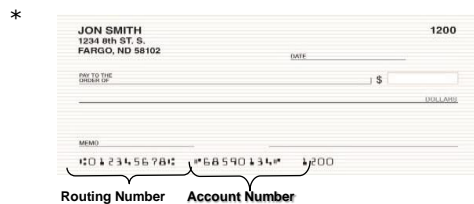
Checking

Savings

*Account Type

*Routing Number

*Account Number



Beneficiary Designation and Information

I designate the following individual(s) or entity as my primary or contingent death beneficiary(ies) of this HSA. If I am married in common law or in a community or 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.

| No. | Name and Address | Date of Birth | Social Security Number | Primary or Contingent | Relationship | Share % |
|-----|---|---|---|---|---|---|
| 1. | <input style="width: 100%; height: 60px;" type="text"/> | <input style="width: 100%; height: 60px;" type="text"/> | <input style="width: 100%; height: 60px;" type="text"/> | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other | <input style="width: 100%; height: 60px;" type="text"/> |
| 2. | <input style="width: 100%; height: 60px;" type="text"/> | <input style="width: 100%; height: 60px;" type="text"/> | <input style="width: 100%; height: 60px;" type="text"/> | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other | <input style="width: 100%; height: 60px;" type="text"/> |
| 3. | <input style="width: 100%; height: 60px;" type="text"/> | <input style="width: 100%; height: 60px;" type="text"/> | <input style="width: 100%; height: 60px;" type="text"/> | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other | <input style="width: 100%; height: 60px;" type="text"/> |

Please check one of the following:

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

Date

Subscribed and sworn to before me this

_____ day of _____, 20____

Notary Public