

# Health Savings Account (HSA) Enrollment Form



Complete the form below. **All fields must be completed.**

Member Information			
Employee First Name	Employee Last Name	MI	Date of Birth
Street Address			
City			State ZIP
PERSONAL Email (do not use Oberlin email account)			Primary Phone
Authorization			
<p><b>IMPORTANT: Please read the following before signing this enrollment form.</b></p> <p>I understand the eligibility requirements for contributions made to my health savings account (HSA) and state that I qualify to make contributions to this account.</p> <p>Per IRS publication 969, to qualify for an HSA:</p> <ul style="list-style-type: none"> <li>You must be covered under a high deductible health plan (HDHP) on the first day of the month.</li> <li>You have no other health coverage except what is permitted under other health coverage.</li> <li>You are not enrolled in Medicare.</li> <li>You cannot be claimed as a dependent on someone else's tax return for the prior year or currently.</li> </ul> <p>I assume complete responsibility for:</p> <ul style="list-style-type: none"> <li>Determining my eligibility for an HSA each year a contribution is made.</li> <li>Ensuring all contributions made to my account are within the limits set forth by the tax laws.</li> <li>Any tax consequences of contributions (including rollover contributions) and distributions.</li> </ul> <p>I understand federal law requires financial institutions to obtain, verify and record information that identifies each person with an account. I also understand I may be required to provide identifying information (e.g. Social Security number, address and date of birth) when making inquiries about my account. I understand any personal information obtained will not be shared with anyone, including non-affiliated third parties, except as permitted by law.</p> <p>I understand that, upon enrollment, I will be issued a Medical Mutual debit card for use with my HSA. I understand I am responsible for determining if an expense is an eligible medical expense and maintaining proper documentation for tax reporting and potential audit purposes.</p> <p>I understand I am establishing an HSA with WealthCare Saver, in conjunction with my Medical Mutual health plan.</p> <p>I understand for my employer to complete my request of payroll deduction to my HSA, I need to enroll in the Medical Mutual HSA, issued by WealthCare Saver.</p> <p>I understand Medical Mutual is sharing my name, address and Social Security number as it appears in Medical Mutual's membership system with WealthCare Saver. Medical Mutual HSA operations will share with my employer the status of my HSA (open or not open). If WealthCare Saver needs more information to open the HSA, WealthCare Saver will contact me directly.</p>			
Employee Signature			Date

For questions about this form, call 1-800-522-2037 or email [MySpendingAccounts@MedMutual.com](mailto:MySpendingAccounts@MedMutual.com).