

**Health Savings Account (HSA)  
Individual Enrollment Form**



**Return completed forms via mail, e-mail or fax to:**

Minuteman Health Enrollment Department  
One Monarch Place  
Springfield, MA 01144-1500  
Email: [enrollment@hne.com](mailto:enrollment@hne.com)  
Fax: [413.233.2635](tel:413.233.2635)

<b>Eligibility</b>
To be eligible to open a health savings account (HSA), you must meet three criteria: 1) You must be covered by a qualified high deductible health plan (HDHP), 2) You can't be covered by another health plan, including Medicare, and 3) You can't be claimed as a dependent on another individual's tax return.

<b>Account Holder Information</b>			
First Name	Middle Initial	Last Name	
SSN	Gender (M/F)	Date of Birth (mm/dd/yyyy)	
Email Address		Home Phone	
Physical Street Address	City	State	ZIP
Mailing Address (if different)	City	State	ZIP

<b>High Deductible Health Plan Information</b>	
Minuteman Health Plan Name	
Coverage Effective Date	Coverage Type

<b>Authorization and Certification</b>		
<input type="checkbox"/> I accept the terms of the HealthEquity HSA enrollment form and the HSA custodial agreement. The HSA custodial agreement is available at <a href="http://healthequity.com/en/Site/EducationCenter/Forms.aspx">http://healthequity.com/en/Site/EducationCenter/Forms.aspx</a> under Health Account Forms and Agreements.		
<input type="checkbox"/> In compliance with the USA PATRIOT Act, HealthEquity must verify the identity of all customers seeking to open an HSA. As part of this identity verification process, you may be asked to provide additional information and/or documentation before your account can be established.		
Print Name	Signature	Date



The balances in all HealthEquity HSAs are FDIC-insured unless invested in mutual funds.