Consumer Health Solutions

Health Savings Account (HSA) Enrollment Form

Account Holder Profile Information		
First Name:	Last Name:	SSN:
Date of Birth:	Email Address:	
Mailing Address Line 1:		
Mailing Address Line 2:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Gender: ☐ **Male** ☐ **Female**	Marital Status: ☐ Married ☐ Single	Employer:
Date of Hire:	Hours worked per week:	Payroll Frequency:

Election	
Effective Date:	HSA Election Amount (Per pay period):
HSA Coverage Level:	☐ **Employee Only** ☐ **Family**

Dependents (Optional)		
First Name:	Last Name:	Relationship:
Date of Birth:	Gender: ☐ Male ☐ Female	SSN:
First Name:	Last Name:	Relationship:
Date of Birth:	Gender: ☐ Male ☐ Female	SSN:
First Name:	Last Name:	Relationship:
Date of Birth:	Gender: ☐Male ☐ Female	SSN:
First Name:	Last Name:	Relationship:
Date of Birth:	Gender: ☐ Male ☐ Female	SSN:

I. Direct Deposit / Banking / Account Setup

Consumer Health Solutions offers free direct deposit distributions. Printed check distributions will have a fee associated of $2.50 per check.

After your enrollment has been processed, please log into the Consumer Health Solutions online portal to add your direct deposit information and accept the Terms and Conditions of the HSA. Login instructions are below in the *Authorization* section of this enrollment form.

A Debit Card will automatically be issued in the account holders name and shipped to the address above. Once the enrollment is processed debit cards will arrive within 10-14 business days.

Authorization

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

☐ **I understand and authorize that I am:**

- 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, including Part A or B.
- I do not have any other non-qualified health coverage.
- I do not have a flexible spending account (FSA) unless it is a limited to pay for dental and vision expenses only.
- My spouse does not have a flexible spending account (FSA) unless it is a limited to pay for dental and vision expenses only.

☐ **I understand that HSA has a maximum annual contribution limit set by the IRS. If my employer contributes to my HSA, it will count toward my maximum allowed contribution. I understand that I am solely responsible for determining whether contributions to my HSA exceed the maximum annual contribution limitation. I understand that I am responsible for notifying the custodian, Consumer Health Solutions, of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution. I understand that I can view additional information and contribution limits at www.irs.gov.**

☐ **I understand that after I have been enrolled in the HSA, I need to log into the Consumer Health Solutions online HSA Portal to accept the Terms and Conditions to complete my registration.**

Login credentials:

Your Username will be in the following format:
First letter of your first name, full last name, and your 5-digit zip code (i.e., if your name was John Doe with a home zip code of 02101, your user name would be jdoe02101)
Your First Login Temporary Password will be in the following format:
First Name followed by the last 5 digits of your SSN (i.e., if your name was John Doe and your SSN is 000-45-6789, your password would be john56789)

Employee Signature	Employer Signature

Consumer Health Solutions: Monday—Friday 8:00 AM-4:30 PM EST

(877) 230-8650 HealthAccounts@ConsumerHealthSolutions.com (978) 451-0981

Download the "**Consumer Health Mobile**" App on iPhone or Android to view your balance, use the Eligible Expense Scanner, add direct deposit, and submit claims for reimbursement.