

Health Savings Account Authorization Form



Please email or fax completed forms to Presbyterian:

Email: **enrollmentdept@phs.org**

Fax: 505.923.8252

Qualifying for a Health Savings Account

This enrollment form is to open a health savings account (HSA) that is used to accumulate assets for the payment of qualified healthcare expenses. Your HSA is your financial asset even if you change employers or health plans. To open an HSA you must meet three criteria:

- 1) You must be covered by a qualified high deductible health plan.
- 2) You cannot be covered by another health plan, including Medicare.
- 3) You cannot be claimed as a dependent on another individual's tax return.

Personal Information Information

First Name	M.I.	Last Name
Subscriber ID Number (located on your Presbyterian medical ID card or billing invoice):		Date of Birth (mm/dd/yyyy)
Plan Administrator Presbyterian		
Employer Name		Group Number

Authorization and Certification

- HealthEquity has partnered with Presbyterian to administer a fully integrated Health Savings Account (HSA). The term fully integrated refers to the process in which Presbyterian will send HealthEquity medical and prescription claim information for all enrolled subscribers who participate in a HSA. Claims data for enrolled dependents will also be shared but claim information for dependents age 12 and older will only include date and dollar amount unless the enrolled dependents elect to release complete claim information by executing HealthEquity's Dependent Health Information Authorization Form. To obtain this form, contact HealthEquity at 1.877.877.3696. This information is shared to assist you in paying and tracking healthcare claims.
- Your signature below indicates that you agree to the following:
 - o To participate in a HSA administered by HealthEquity for you (the subscriber) and any of your enrolled dependents.
 - o You (the subscriber) understand and have explained to your dependents that claim detail for all enrolled members will be released by Presbyterian to HealthEquity.
 - o Claim data will be viewable on the password protected HealthEquity website.
- I accept the terms of the HealthEquity HSA enrollment form and the HSA Custodial Agreement. The HSA Custodial Agreement is available by clicking on "Forms and Documents" in the Resource Center on www.healthequity.com.
- I acknowledge that this account will be established according to the custodial agreement that is between the custodian and me, the account holder. I understand that Presbyterian is not a party to this agreement.
- 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
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The balance in your HSA is insured by the Federal Deposit Insurance Corporation (FDIC), subject to applicable deposit limits.