ASi ADMINISTRATIVE SOLUTIONS

HSA ENROLLMENT FORM

Instructions

1. Complete this form in order to open an HSA. (***** = Required Fields)
2. Fax completed form to: **Administrative Solutions, Inc. (ASi)** at **(559) 475-5786** or mail form to **P. O. Box 5809, Fresno, CA 93755** or E-Mail them to **eligibility@asibenefits.com**.
3. If you have any questions regarding this form, please call **(559) 256-1320**.

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

Election

Please from the following enrollment options.

☐ I am enrolling in an HSA through my employer. My employer will contribute the following amount to my HSA:

$ _____ on an ☐ annual ☐ monthly ☐ or per pay period basis.

☐ I also wish to contribute to my HSA through payroll deductions. I authorize my employer to deduct my HSA contributions from my pay and forward them to my HSA. (Please complete the section immediately below)

Note: Your employer may also make a contribution to your HSA that will apply to your maximum contribution allowed. You are solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. You are also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution.

* Indicate an annual employee election **or** a per pay period election: $ _____ Employee Annual Contribution **or** $ _____ Employee Per Pay Period Contribution

* Indicate HDHP Coverage Level: ☐ Self-only or ☐ Family/Other

* Indicate if you are enrolled in an HDHP through your employer: ☐ Yes or ☐ No

Your contributions will be withdrawn from your pay in each pay period. If your employer maintains a cafeteria plan that permits HSA contributions, your contributions will be made with pre-tax dollars. You may also make contributions outside of your employment. If you would like to make a contribution immediately, please complete an HSA Contribution Form and submit that form with your payment.

Debit Card

Would you like to access your HSA funds using a debit card? ☐ Yes ☐ No

Note: To issue separate debit cards to any dependents 18 years of age or older, please complete and submit the Additional Debit Card Request Form.

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. 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

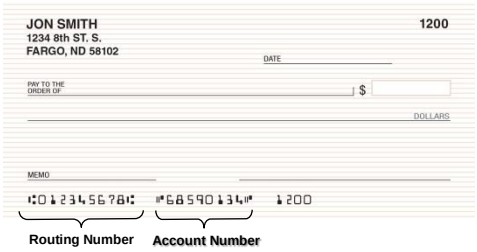
*Address | *City | *State | *Zip

☐ 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.				☐ Primary ☐ Contingent	☐ Spouse ☐ Dependent ☐ Other	
2.				☐ Primary ☐ Contingent	☐ Spouse ☐ Dependent ☐ Other	
3.				☐ Primary ☐ Contingent	☐ Spouse ☐ Dependent ☐ Other	

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

Subscribed and sworn to before me this

_____ day of _____, 20____

_____
Date

_____
Notary Public