

Employer Name: _____

By signing this form, I agree to the following:

HealthEquity will establish a health savings account on my behalf. I understand that my enrollment and health information will be shared with HealthEquity for the purpose of administering and coordinating payments under my health savings account.

I understand that in order to be eligible for a health savings account, I must meet the following criteria:

- Be covered under a qualified consumer directed health plan, I must be enrolled in one of the CalCPA Health HSA High-Deductible Health Plans.
- Have no other health coverage except what is permitted as other health coverage by the IRS
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return
- Not have access to dollars in a flexible spending account (FSA) that can pay for any medical expenses before the HSAs required deductible is met, including a spouse's FSA.
- All other criteria listed at this web page: <http://www.healthequity.com/learn/hsa/>

I accept the terms of the HealthEquity HSA Custodial Agreement available at <http://healthequity.com/en/Site/EducationCenter/Forms.aspx>. I understand that as part of the identity verification process, I may be asked to provide additional information and/or documentation before my account can be established. I understand that any applicable monthly HealthEquity HSA administration fees may be deducted directly from my HSA account.

I understand that I cannot use this form to enroll in a medical insurance plan, or to add/remove/change coverage for any dependents. I understand that these changes can be accomplished using the **Medical/Dental/Vision Enrollment Form for Employees**, or the **Employee/Subscriber Change Form**, which can be located at www.calcpahealth.com.

Employee Name (Print): _____

Employee Signature: _____ Date: _____

Name of Employer Representative: _____

Signature of Employer Representative: _____ Date: _____

Return this form to Banyan Administrators:

Email: calcpahealth@calcpahealth.com | Fax: (877) 237-4519

Mail: Banyan Administrators, 1215 Manor Drive, Suite 200, Mechanicsburg, PA17055