



Syracuse City School District – HSA Enrollment Form



Instructions

1. Complete this form in order to open an HSA. (* = Required Fields)
2. Fax completed form to: **Syracuse City School District**
3. If you have any questions regarding this form, please call (800) 327-7130.

Accountholder Profile Information

*Name (Last, First, MI)		*Daytime Phone Number xxx-xxx-xxxx	
*Social Security xxx-xx-xxxx		*Date of Birth xx/xx/xxxx	
*Email Address		*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Address Line 1 (cannot be PO Box)		*Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single
*Address Line 2 (cannot be PO Box)		*Hire Date	
*City		*State	*Zip
*Home Phone Number xxx-xxx-xxxx		*Hours Worked Per Week	*Payroll Frequency

Election

Please choose one of the following enrollment options.

I am enrolling in an HSA through my employer. 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 pay period election:

\$	Employee Annual Contribution	\$	Per Pay Period Contribution
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*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Your contributions will be withdrawn from your pay in each pay period.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

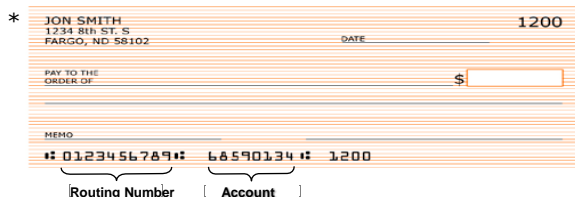
Check - All reimbursements paid by sending you check. Note that a fee of \$10.00 will apply for each check reimbursement. If choosing this option, skip the Direct Deposit Setup Section.

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.

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	
*Account Type	<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings	*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.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
2.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
3.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> 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

Date

