

# HSA Enrollment Form

Health Savings Account (HSA)



Employer: .....

PO Box 631458 Littleton, CO 80163  
P: (888) 722-1223 F: (866) 557-0109  
www.RockyMountainReserve.com

Plan Year: 20 yy or m m / d d / y y to m m / d d / y y

This Enrollment Form is being used to: (Check one)

- Initially enroll or annually re-enroll in the Health Savings Account.
- Waive participation in the Health Savings Account.



## PARTICIPANT INFORMATION

(ALL FIELDS REQUIRED)

Employee Name: .....  
First Last MI

Address: .....  
Street City State Zip Code

Phone Number: ..... SSN: ..... DOB: .....  
m m / d d / y y y y

Email Address: .....



## Enrollment Information

I elect to reduce my compensation for each pay period during the plan year and redirect such dollars into the Cafeteria Plan as set forth below.

	Contributions Per Pay Period	Number of Pay Periods	Annual Election
<input type="checkbox"/> Health Savings Account			

## Signature and Authorization

- I understand the eligibility requirements for deposits made to my Health Savings Account (HSA) and state that I qualify to make deposits to this account. I assume complete responsibility for determining my eligibility for an HSA each year I make a contribution, ensure all contributions made to my account are within the limits set forth by the tax laws, and any tax consequences of contributions (including rollover contributions) and distributions.
- I understand there will be a \$2.75 monthly administration fee. The \$2.75 fee will be withdrawn from my account each month.
- I also understand that after my account exceeds \$1,000 I may choose to transfer funds to an investment account and invest the HSA funds in mutual funds. There will be a monthly \$2.50 monthly fee for the investment account in addition to the \$2.75 HSA monthly administration fee. The \$2.50 HSA monthly investment account fee will be withdrawn from the investment account each month.



Employee Signature \_\_\_\_\_

Date \_\_\_\_\_