

## Health Equity Savings Account Application

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

<b>A</b>	<b>Employer/Employee Information</b>
Employer Name: _____ CPS ER#: _____ Plan Year _____	
City: _____ State: _____ Zip Code: _____	
Employee Name: _____ (Last) (First) (MI)	
Street Address: _____ _____ (City) (State) (Zip Code)	
Daytime Phone Number: _____ Date of Birth: _____ Member ID: _____	
<b>B</b>	<b>Health Coverage Information</b>
Type of HDHP Coverage: <input type="checkbox"/> Single <input type="checkbox"/> Family	
Effective Date of Health Coverage: _____	
<b>C</b>	<b>Age 50 Catch-Up Election</b>
<b>2023 HEALTH SAVINGS ACCOUNT (HSA) MAXIMUM CONTRIBUTIONS</b>	
HDHP Single Coverage - \$3,850	
HDHP Family Coverage - \$7,750	
Age 55+ Catch-up - \$1,000	
I want to contribute \$_____ during this Plan Year to my HSA. I understand this amount will be deducted on a pro rata basis from my paycheck throughout the Plan Year.	
<b>D</b>	<b>Signature</b>
The information entered on this enrollment form is current and correct to the best of my knowledge. I hereby elect to participate in a Health Savings Account and certify that I meet the following eligibility requirements to contribute to an HSA:	
<ul style="list-style-type: none"><li>- I may not be claimed as a dependent on another individual's income tax return;</li><li>- I am covered by a qualified high deductible health plan (HDHP);</li><li>- I am not covered by other non-qualified health coverage, including Medicare or a health Flexible Spending Account (other than my or my spouse's limited purpose FSA).</li></ul>	
I understand that by enrolling in this HSA, I am accepting the terms of the Custodial Agreement provided to me under separate cover.	
<div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>HSA Account Holder Signature</div><div>Date</div></div>	
<b>Please return this form along with other supplementary enrollment forms, if applicable, to your congregational treasurer, business manager, or HR office by the deadline requested by your employer.</b>	

