



HEALTH SAVINGS ACCOUNT ENROLLMENT FORM

EMPLOYER NAME	EFFECTIVE DATE
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EMPLOYEE INFORMATION

EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)		
EMPLOYEE STREET ADDRESS (LINE 1) [NO P.O. BOXES]		
EMPLOYEE STREET ADDRESS (LINE 2)		
CITY, STATE, ZIP CODE		SOCIAL SECURITY NUMBER*
GENDER	DATE OF BIRTH*	EMAIL ADDRESS

HEALTH SAVINGS ACCOUNT ANNUAL ELECTION

I would like to contribute \$ _____ per pay period to the Health Savings Account.

DEPENDENT INFORMATION

SPOUSE	FIRST NAME	MIDDLE INITIAL	LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER*		GENDER
DEPENDENT CHILD FULL TIME STUDENT YES NO	FIRST NAME	MIDDLE INITIAL	LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER*		GENDER
DEPENDENT CHILD FULL TIME STUDENT YES NO	FIRST NAME	MIDDLE INITIAL	LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER*		GENDER
DEPENDENT CHILD FULL TIME STUDENT YES NO	FIRST NAME	MIDDLE INITIAL	LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER*		GENDER

During Enrollment, a real-time identity check will be performed and you may be asked for verifying documents such as a copy of your driver's license or a utility bill. Be on the lookout for a notices! The notice will come from wealthcaresaver.com.

Make sure you provide an email address or add one when creating an account on the Mobile app. If you don't have an email address, quarterly statements will be mailed to you and the cost of the paper statement will be charged to your account.

These [terms and conditions](#) outline any fees for statements, account closing fees and investment fees.

EMPLOYEE SIGNATURE _____ DATE _____

WAIVER OF HEALTH SAVINGS ACCOUNT

I do not wish to contribute to the Health Savings Account.

EMPLOYEE SIGNATURE _____ DATE _____