



# EMPLOYEE ENROLLMENT FORM

## Health Savings Account (HSA)

### INSTRUCTIONS

Complete this enrollment form to open a Health Savings Account (HSA). All fields are required for account setup. For enrollment assistance, please call BASIC Customer Care at 800-372-3539 with this form and your BASIC ID available.

| EMPLOYERS: Submit this completed form via one of the following methods: | Support Request  | Fax          | Mail   |
|---|--|--------------|--|
|   | Sign in at <a href="http://cdaclient.basiconline.com">cdaclient.basiconline.com</a> and attach the completed form to a support request | 269-327-0716 | BASIC, PO Box 7308<br>Madison, WI 53707-7308 |

### EMPLOYER INFORMATION

**For Employer to complete:**

Employer Name \_\_\_\_\_ Employer BASIC ID \_\_\_\_\_  
 Employer Class \_\_\_\_\_ Employer Division \_\_\_\_\_  
 Participant Plan Effective Date \_\_\_\_\_ First Payroll Date \_\_\_\_\_  
 Employer Annual Contribution \$ \_\_\_\_\_ OR Employer Per Pay Period Contribution \$ \_\_\_\_\_

### INDIVIDUAL/PARTICIPANT INFORMATION

|  |         |                             |           |            |      |  |
|--|---------|-----------------------------|-----------|------------|------|--|
| First Name:                                |         | MI:                         |           | Last Name: |      |  |
| Benefits ID (if known):                    |         | Email Address:              |           |            |      |  |
| Primary Phone :                            |         | Mobile Phone <sup>1</sup> : |           |            |      |  |
| Home Address:<br><i>(cannot be PO Box)</i> | Street: |                             |           |            | Apt: |  |
|  | City:   |                             |           |            |      |  |
|  | State:  |                             | Zip Code: |            | +4   |  |
| Hire Date:                                 |         | Payroll Frequency:          |           |            |      |  |
| Date of Birth (DOB):                       |         | Social Security Number:     |           |            |      |  |

<sup>1</sup>Please provide mobile information if available (not required).

### HSA ENROLLMENT

Please choose one of the following enrollment options.

| I request the following amount(s) to be deducted pretax:   | Elect an Employee Annual Contribution <u>or</u> a Per Pay Period Contribution: |                             |
|--|--|-----------------------------|
|  | Employee Annual Contribution   | Per Pay Period Contribution |
| 1 HSA – Single Limits  | \$ _____   | \$ _____                    |
| 2 HSA – Family Limits  | \$ _____   | \$ _____                    |
| <i>Employer and Individual/Participant contributions cannot exceed IRS Contribution Limits. Find all IRS limits on our website: <a href="http://www.basiconline.com/regulations-resources">www.basiconline.com/regulations-resources</a></i> |  |                             |
| Indicate HDHP Coverage Level (select one):   | <input type="checkbox"/> Self-only <input type="checkbox"/> Family/Other       |                             |
| Indicate if you are enrolled in an HDHP through your employer:   | <input type="checkbox"/> Yes <input type="checkbox"/> 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 pretax dollars. You may also make contributions outside of your employment. If you would like to make a contribution immediately, please go to your employee web portal to do so.



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### IDENTITY VERIFICATION (IDV)

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an HSA. This process will occur automatically upon your enrollment.

**If your identity cannot be verified, you will be notified of the identity verification failure via email.** The email notification will provide required actions to resolve the matter. If you receive this notification, please provide the requested information within 30 days.

**If you do not respond within 90 days, your HSA will be deactivated.** Upon deactivation, any funds deposited in your HSA will be returned to you, less any fees, expenses, or taxes chargeable against your HSA, or penalties or surrender charges associated with the early withdrawal of any savings instrument or other investment in your HSA. BASIC and Lake Ridge Bank are not liable for any tax consequences you may incur resulting from the transfer or distribution of your assets as a result of this deactivation. Funds will be returned as adjustments back to your associated bank account. Your employer will retain any employer contributions that were made to your HSA.

### BASIC CARD

You will receive one BASIC Card for your benefit account. You may request **one additional card** for your spouse or dependent free of charge. Additional cards (3+) may incur a fee. Cards are mailed to your home address 7-10 days after your enrollment has been processed.

**Note:** Your card will be enabled for disbursements from your HSA once BASIC has validated your identity and you have signed into the online service to accept the Terms of Use.

To request an additional BASIC Card for your spouse or dependent, print their name below (or request via BASIC web portal):

|   |   |  |      |  |
|---|---|--|------|--|
| 1 | <b>Spouse or Dependent Name</b><br><b>(First, MI, Last):</b><br><i>No fee</i>         |  | DOB: |  |
| 2 | <b>Dependent Name</b><br><b>(First, MI, Last):</b><br><i>Additional fee may apply</i> |  | DOB: |  |

### AUTHORIZATION/SIGNATURE

**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.**

**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.

By signing you are agreeing to terms and conditions on the  
CUSTODIAL AGREEMENT AND DISCLOSURE STATEMENT and DESIGNATION OF REPRESENTATIVE BY ACCOUNTHOLDER.

Signature

Date