

Medical Mutual Health Savings Account (HSA) Enrollment Form

Member Information – All Fields Must be Completed			
Employee First Name	Employee Last Name	Middle Initial	Birthdate (MM/DD/YYYY)
Street Address	City	State	ZIP
Primary Phone	Email		
Authorization			
<p>IMPORTANT: Please read the following before signing this enrollment form.</p> <p>I understand the eligibility requirements for contributions made to my health savings account (HSA) and state that I qualify to make contributions to this account. Per IRS publication 969, to qualify for an HSA:</p> <ul style="list-style-type: none"> • You must be covered under a high deductible health plan (HDHP) on the first day of the month. • You have no other health coverage except what is permitted under other health coverage. • You are not enrolled in Medicare. • You cannot be claimed as a dependent on someone else’s tax return for the prior year or currently. <p>I assume complete responsibility for:</p> <ul style="list-style-type: none"> • Determining my eligibility for an HSA each year a contribution is made. • Ensuring all contributions made to my account are within the limits set forth by the tax laws. • Any tax consequences of contributions (including rollover contributions) and distributions. <p>I understand federal law requires financial institutions to obtain, verify and record information that identifies each person with an account. I also understand I may be required to provide identifying information (e.g. Social Security number, address and date of birth) when making inquiries about my account. I understand any personal information obtained will not be shared with anyone, including non-affiliated third parties, except as permitted by law.</p> <p>I understand that, upon enrollment, I will be issued an Avidia Bank card for use with my HSA. I understand I am responsible for determining if an expense is an eligible medical expense and maintaining proper documentation for tax reporting and potential audit purposes.</p> <p>I understand I am establishing an HSA with Avidia Bank, in conjunction with my Medical Mutual health plan. Funds are FDIC insured by Avidia Bank up to the legal limits allowed.</p> <p>I understand for my employer to complete my request of payroll deduction to my HSA, I need to enroll in the Medical Mutual HSA, issued by Avidia Bank.</p> <p>I understand Medical Mutual is sharing my name, address and Social Security number as it appears in Medical Mutual’s membership system with Avidia Bank. Medical Mutual HSA operations will share with my employer the status of my HSA (open or not open). If Avidia Bank needs more information to open the HSA, Avidia bank will contact me directly.</p>			
Employee Signature		Date (MM/DD/YYYY)	

For questions about this form, call 1-800-522-2037 or email MySpendingAccounts@MedMutual.com.