

## Health Savings Account Enrollment Form

If you have any questions about HSAs or completing this form, please contact Pro-Flex Administrators (HSA Administrator) at (716) 633-2073.

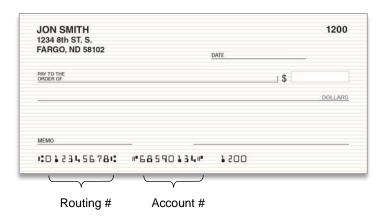
Part I - Accountholder Profile Information							
*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)					
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Home Phone *Mobile		Mobile Phone			
*Physical Street Address (U.S. addres	ss required to open an HSA)						
*City	*State		*Zip				
Alternate Mailing Street Address or PC	O Box						
City	Dity			Zip			
*Email Address		*Date of Birth					
*Gender Male Female Unspecified		*Marital Status					
*Mother's Maiden Name							
*Hire Date	*Hours Worked per Week	*P					
Part II - Authorization and El	igibility Certification						
When opening an HSA with Pro-Flex Administrators, I understand and agree to the following:  I am at least 18 years old and cannot be claimed as a dependent on someone else's tax return.  I am covered under a high deductible health plan (HDHP).  I am not enrolled in Medicare.  I do not have any other non-qualified health coverage.  I do not have a flexible spending account (FSA) to pay for medical expenses incurred before my medical plan deductible is met, unless it is limited to pay for dental and vision expenses only.  My spouse, if applicable, does not have a flexible spending account (FSA) to pay for medical expenses before their medical plan deductible is met, unless it is limited to pay for dental and vision expenses only.  As a follow-up to this application, you will need to login to the HSA website to accept your terms and conditions.  *Signature  *Print Name  *Date							
Part III - Election for Pav	roll Deduction						

(Complete this section if you are enrolling through your employer's benefit offering)

I authorize my employer to deduct my HSA contributions from my payroll, and forward them to my HSA.									
My health plan covera	age Type: Single		Family						
only/family). You contribution allow December 1, you to be an eligible in excess contribution maximum annual contribution and r	as a maximum annua remployer may choo ed. Your health plan re considered eligible adividual during the non. You are solely rescontribution limitation equesting a withdrawon. For additional info	se to con eligibility for the e ext calen ponsible a. You are al of the	atribute to determine entire year, dar year, for deterr e also res excess co	you es t r ar any nin por ontr	ur HSA, whiche effective and not require y contribution ing whether a sible for not ibution toget	th will cour date of you ed to pro-ras over the contribution ifying the other with a	nt towards to ur HSA. If yo rate your con e prorated ar ons to your H custodian of ny net incom	your max bu are coventributions. mount may SA exceed any excess ne attributa	imum ered on If you cease be an d the ss able to the
2022 Annual Contrib	oution Limit				2023 Annual Contribution Limit				
Health Plan Coverage Level	*Annual Contribution Limit	bution Per Month			Health Plan Coverage Level		*Annual Contribution Limit		Per Month
Self-Only	\$3,650	\$304.17			Self-Only		\$3,850		\$320.83
Family	\$7,300	\$608.33			Family		\$7,750		\$645.83
*Age 55+ eligible for an additional catch-up contribution of \$1,000									
Your Personal Contribution Election									
Annual Maximum Contribution (plus catch up if eligible)				Ar	our Eligible nnual ontribution	Divide (/)	Number of Payrolls per Year	Equals =	Your Maximum Per Pay Period Payroll Deduction
\$	\$			\$					\$
Please withhold \$ from my payroll and apply to my Pro-Flex Administrators HSA.									
Part IV - Debit Ca	rd								
A debit card will automatically be issued to you to use to make medically qualified purchases from your HSA account. If you do not wish to have a debit card, then please select below.									
I do NOT wish to have a debit card with my HSA									

Part V - Bank Account and Reimbursement Method
When I am not using my debit card and request a distribution through the HSA website, then I select the method below to automatically to receive my HSA distributions.
Paper Check – I wish to have a paper check mailed to me. Note a fee of \$1.00 will apply for each check reimbursment.
OR
FREE Direct Deposit – I wish to have distributions automatically deposited into my personal bank account and will complete the Direct Deposit Setup below. This personal bank account can also be utilized to make a post-tax contribution to your HSA from the HSA website and the HSA mobile application.

Enter your personal bank account information if Direct Deposit selected above.							
*Bank Name							
*Address		*City		*State	*Zip		
*Account Type	*Routing #		*Account #				
Checking Savings							



## **Next Steps:**

1. Email, mail or fax completed form to:

Email: CSR@proflextpa.com

Address: Pro-Flex Administrators, 8321 Main Street, Williamsville, NY 14221

Fax: Pro-Flex Administrators at 716-929-2013

- 2. Log into the HSA Portal and accept the terms and conditions of the HSA.
- 3. Verification of identity may be required for opening your HSA and ProFlex may need you to supply additional information. If this applies, then you will be notified by Pro-Flex Administrators on how to proceed.