



# 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 Phone
*Physical Street Address (U.S. address required to open an HSA)			
*City		*State	*Zip
Alternate Mailing Street Address or PO Box			
City		State	Zip
*Email Address		*Date of Birth	
*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		*Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
*Mother's Maiden Name			
*Hire Date	*Hours Worked per Week	*Payroll Frequency	

Part II - Authorization and Eligibility Certification		
<p>When opening an HSA with Pro-Flex Administrators, I understand and agree to the following:</p> <ul style="list-style-type: none"> <li>I am at least 18 years old and cannot be claimed as a dependent on someone else's tax return.</li> <li>I am covered under a high deductible health plan (HDHP).</li> <li>I am not enrolled in Medicare.</li> <li>I do not have any other non-qualified health coverage.</li> <li>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.</li> <li>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.</li> </ul> <p>As a follow-up to this application, you will need to login to the HSA website to accept your terms and conditions.</p>		
*Signature	*Print Name	*Date

Part III - Election for Payroll Deduction
<b>(Complete this section if you are enrolling through your employer's benefit offering)</b>

I authorize my employer to deduct my HSA contributions from my payroll, and forward them to my HSA.

My health plan coverage Type:  Single  Family

**Note** – The HSA has a maximum annual contribution limit that is determined by your health insurance coverage (self-only/family). Your employer may choose to contribute to your HSA, which will count towards to your maximum contribution allowed. Your health plan eligibility determines the effective date of your HSA. If you are covered on December 1, you're considered eligible for the entire year and not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any contributions over the prorated amount may be an excess contribution. You are solely responsible for determining whether contributions to your 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. For additional information regarding eligible and contribution limits please go to: [www.irs.gov](http://www.irs.gov).

2022 Annual Contribution Limit			2023 Annual Contribution Limit		
Health Plan Coverage Level	*Annual Contribution Limit	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)	Minus (-)	Total Employer Annual Contribution	Equals (=)	Your Eligible Annual Contribution	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 Card**

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 reimbursement.

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

The image shows a check stub for JON SMITH at 1234 8th ST. S., FARGO, ND 58102. The amount is 1200. The routing number is 23456789 and the account number is 68590134. The check number is 1200. Brackets below the routing and account numbers identify them as 'Routing #' and 'Account #' respectively.

### 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.