

Reason for completing form:

☐ New Enrollment ☐ Changing contribution amount ☐ Change in family status ☐ Cancellation

Employer Information

Enrollment cannot be processed without your employer's name.

Employer name:

Account Holder Information

| | | | |
|---------------------------------|--|-----------------------------|------|
| First name: | M.I.: | Last name: | |
| SSN: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of birth (mm/dd/yyyy): | |
| Email address: | | Preferred phone: | |
| Physical street address: | City: | State: | ZIP: |
| Mailing address (if different): | City: | State: | ZIP: |

Health Insurance Coverage

Insurance carrier: **West Virginia Public Employees Insurance Agency (PEIA) PPB Plan C**

Coverage type:
☐ Single ☐ Family

Authorization and Certification

By opening a health savings account (HSA) with HealthEquity, you accept the terms of HSA enrollment and the custodial agreement. You may view the [HSA custodial agreement](#). Upon enrollment, you understand and agree to the following:

- You are covered by a qualified high deductible health plan (HDHP).
- You are not covered by any other non-qualified health coverage, including Medicare Part A and Part B.**
- You are not claimed as a dependent on another individual's tax return.
- HealthEquity must verify your identity in order to open your HSA.

For further information regarding HSA laws, go to <https://www.irs.gov/pub/irs-pdf/p969.pdf>

| | | |
|------------------|-----------------|------------|
| Print name: X | Signature: X | Date: X |
|------------------|-----------------|------------|

Contribution Information and Authorization Frequency of payroll: **Bi-Weekly**

| | | |
|---|--|---|
| Please withhold \$ _____ from every pay | Date to begin deduction: Immediately or Date: | Do you wish to participate in the Age 55 catch-up? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature: X | Date: X | |

| 2026 annual HSA contributions | |
|-------------------------------|---------------------------|
| Coverage type | Total annual contribution |
| Self-Only | \$4,400 |
| Family | \$8,750 |

| 2026 HSA age 55 catch-up | |
|--------------------------|---------------------------|
| Coverage type | Total annual contribution |
| Self-Only | \$1,000 |
| Family | \$1,000 |

Your HSA cash balance is held at an FDIC-insured or NCUA-insured institution and is eligible for federal deposit insurance, subject to applicable requirements and limitations.

Return this form to your campus
Benefit Coordinator

Human Resources Use Only:

Signature: Date:

Effective Date of First Deduction: