

Health Savings Account (HSA) Data Collection Worksheet

Please complete and submit this worksheet to your employer. **This is an internal document used by your employer for data collection purposes. Worksheets returned to Discovery Benefits cannot be processed.**

*=Required Fields

Step 1: Account Holder Information

<input type="text"/> *Employer Name (Do not abbreviate)	<input type="text"/> Employee ID Number
<input type="text"/> *Account Holder Name (First, MI, Last)	<input type="text"/> *Social Security Number
<input type="text"/> *Physical Address (Cannot be PO Box)	<input type="text"/> <input type="text"/> *City *State *Zip
<input type="text"/> *Email Address	<input type="text"/> *Day Telephone
<input type="text"/> <input type="text"/> *Date of Birth (mm/dd/yyyy) *Hire Date (mm/dd/yyyy)	

Step 2: HSA Election for Current Tax Year

<p style="text-align: center;">Employee Contribution</p> <p>Note: I understand my Health Savings Account (HSA) will be set up effective the first day of the month following the date this worksheet is signed.</p> <p>*Per Pay Period Amount: \$ <input type="text"/> (to be deducted each pay period)</p> <p>Employer Contribution: Check with your employer to determine if you will receive employer contributions. Both employee and employer contributions will be applied to your annual IRS maximum.</p>	<p style="text-align: center;">HDHP Coverage Level (*check one)</p> <p><input type="checkbox"/> Single / <input type="checkbox"/> Family</p> <p>*HDHP Coverage Date: <input type="text"/> (mm/dd/yyyy)</p> <p>Note: There may be tax consequences if HSA contributions exceed the IRS governed limit. To determine the maximum HSA contribution for the current tax year visit www.discoverybenefits.com.</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Step 3: Authorized Signature

By signing this application I represent that: 1) I am covered under a high deductible health plan (HDHP); 2) I am not covered by any other health plan that is not an HDHP; 3) I am not enrolled in Medicare; 4) I cannot be claimed as a dependent on another person's tax return; and 5) I will read and agree to the HSA Custodial Agreement and Disclosure Statement on the Discovery Benefits Participant Portal. I understand that if my spouse is enrolled in a general-purpose FSA (a non-HDHP), I am not eligible to contribute to an HSA. I understand my Health Savings Account will be set up effective the first day of the month following the date the Enrollment Application is signed. Further, I understand that my Health Savings Account cannot be effective prior to my HDHP coverage date.

<input type="text"/>	<input type="text"/>
*Signature of Account Holder	*Date