

## 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

\*Employer Name (Do not abbreviate) Employee ID Number  
- -

\*Account Holder Name (First, MI, Last) \*Social Security Number  
- - - - -

\*Physical Address (Cannot be PO Box) \*City \*State \*Zip  
- - - - -

\*Email Address \*Day Telephone  
- - - - -

\*Date of Birth (mm/dd/yyyy) \*Hire Date (mm/dd/yyyy)

### Step 2: HSA Election for Current Tax Year

Employee Contribution	HDHP Coverage Level (*check one)
<p><b>Note:</b> 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><b>Employer Contribution:</b> 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>Single / Family</p> <p>*HDHP Coverage Date: (mm/dd/yyyy)</p> <p><b>Note:</b> 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 <a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>.</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.

\*Signature of Account Holder \*Date