



## Eligibility

This enrollment form is to open a health savings account (HSA) with HealthEquity<sup>®</sup>. To be eligible to open an HSA, you must meet three criteria:

- 1) You must be covered by a qualified high deductible health plan (HDHP);
- 2) You can't be covered by another health plan, including Medicare; and
- 3) You can't be claimed as a dependent on another individual's tax return.

## Employer Information

Employer Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

## Account Holder Information

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: (        ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Authorization and Certification

- I certify I meet the eligibility requirements set forth on this form.
- I accept the terms of the HealthEquity<sup>®</sup> HSA custodial agreement available at <http://healthequity.com/en/Site/EducationCenter/Forms.aspx> under Health Account Forms and Agreements. I acknowledge that this account will be established according to the custodial agreement that is between the custodian and me, the account holder. I understand that Coventry is not a party to this agreement.
- This authorizes my insurance company, employer, hospital, physician, pharmacy or Coventry Consumer Choice (or any of their agents) to release or receive personal health information with respect to myself or any of my dependents for use in connection with the administration of this plan or any other plan providing benefits or services to me, to any of my dependents, or for related health benefits services. I understand that I have the right to look at the information that is being shared, the right to refuse to sign this form, and the right to revoke this authorization at any time by writing to the plan. I understand that third parties who receive this information could share it with others. Until revoked, the plan may share information based on having this authorization.
- In compliance with the USA Patriot Act, HealthEquity must verify the identity of all customers seeking to open an HSA. As part of this identity verification process, you may be asked to provide additional information and/or documentation before your account can be established.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Print Name

Signature

Date

## Please Mail or Fax Completed Forms to:

**Address:** Coventry Consumer Choice  
 P.O. Box 7758  
 London, KY 40742

**Fax:** 606.330.1377