

Enrollment Department 4417 Corporation Lane Virginia Beach, VA 23462 (757) 552-7401

Optima Equity Health Savings Account (HSA) Enrollment Form

Employer Name:	

Health Savings Account Selection

HealthEquity is Optima He establish an HSA account	alth's preferred vendor for H ?	SA account a	dministrati	on. Do you want to
Yes, please do establish an HSA account for me with HealthEquity				
HSA Effective Date		HSA Termination Date		
Personal Information				
Name: First:	Last:			Middle:
Date of Birth:	Social Security Number	:		_Gender: 🗌 M 🔲 F
Street Address:				
City:		_ State:	Zip: _	
Mailing Address (if differ	ent):			
City:		_ State:	Zip: _	
Contact Phone: ()	Email:			_ (for statements and notices)
Insurance Coverage Effective Date:		Coverage Type: Single Family		
				_
Signature				
Print Name	Signa	Signature		Date

Health Savings Account (HSA) Administration – If you have chosen an HSA eligible high deductible plan offered through your employer, you are eligible to establish a Health Savings Account (HSA).

Please submit your completed form to Optima Health at the address listed above.