



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 WEX Health, Inc. cannot be processed.

*=Required Fields

Step 1: Account Holder Information

<input type="text"/>	<input type="text"/>		
*Employer Name (Do not abbreviate)	Employee ID Number		
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	*Social Security Number	
*Account Holder Name (First, MI, Last)	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Physical Address (Cannot be PO Box)	*City	*State	*Zip
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	*Day Telephone	
*Email Address	<input type="text"/>		
<input type="text"/>	<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"/></p> <p>(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"/></p> <p>(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.wexinc.com.</p>
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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 WEX Health, Inc. 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