



## Aetna HealthFund® HSA Employer Enrollment Form

### Employer Information

Company Name: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Billing Address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Industry Code (SIC): \_\_\_\_\_ Total Medical Benefit Eligible Employees: \_\_\_\_\_ Total Employees: \_\_\_\_\_

### Insurance Information

Insurance Company Name: \_\_\_\_\_ Group Effective Date: \_\_\_\_\_  
 Group Number: \_\_\_\_\_ Plan Renewal Date: \_\_\_\_\_  
**Single** Annual Deductible \$ \_\_\_\_\_ **Family** Annual Deductible: \$ \_\_\_\_\_

### Health Savings Account Information

An employer may make contributions to its employees' Aetna HealthFund HSAs. The employer may also collect employee contributions to their HSAs via Payroll Deduction and remit those contributions to HealthEquity once the HSAs have been established.

The employer contribution must be comparable for each employee within the same coverage type (individual or family).

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, your employees may be asked to provide additional information and/or documentation before their accounts can be established.

### Signature

\_\_\_\_\_  
 Print Name Signature Date

Please Mail or Fax Completed Forms to:  
**HealthEquity Enrollment**  
 15 West Scenic Pointe Drive, Suite 400  
 Draper, UT 84020  
 Fax: 520-844-7090