

Sentara Equity/Health Savings Account (HSA) Enrollment Form

Employer Name: _____

Health Savings Account Selection

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).

HealthEquity[®] is Sentara Health Plans' preferred vendor for HSA account administration. Do you want to establish an HSA account?

Yes, please do establish an HSA account for me with HealthEquity

No, please do not establish an HSA account for me with HealthEquity

HSA Effective Date: _____

HSA Termination Date: _____

Personal Information

First Name: _____ Last Name: _____ Middle: _____

Date of Birth: _____ Social Security Number: _____ Gender: F M

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____ *(for statements and notices)*

Insurance Coverage Effective Date: _____

Coverage Type: Single Family

Signature

Print Name

Signature

Date

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