

How to Sign Up for an HSA Plan With an Integrated HealthEquity Health Savings Account (HSA)

Why enroll in an integrated HSA?

An integrated HSA makes it easy for you to use your HSA funds to pay for qualified medical expenses. Providence Health Plan (PHP) will automatically send your eligibility and medical/pharmacy claims information directly to HealthEquity*.

Signing up is a simple 2 step process!



Step 1:

Complete the HSA Authorization Form

This is a federally required form that explains the criteria to have an account. Your signature certifies that you agree to the terms of having an account with HealthEquity.

Your employer keeps these forms.

A copy of this form is available on our website, ProvidenceHealthPlan.com/HSAauth

Health Savings Account

Authorization form

Health Savings Account (HSA) qualifications

This enrollment form is to open an HSA that is used to accumulate assets for the payment of qualified health care expenses. Your HSA is your financial asset even if you change employers or health plans.

To open an HSA you must meet three criteria:

1. You must be covered by a qualified, high-deductible health plan
2. You cannot be covered by another health plan, including Medicare
3. You cannot be claimed as a dependent on another individual's tax return

Personal information

First name: _____ Last name: _____ Middle initial: _____

Social Security number: _____ Phone number: _____


Member ID number: _____ Insurance coverage effective date: _____
(See Providence Health Plan insurance card)

Authorization and certification

- I accept the terms of the HealthEquity HSA enrollment form and the HSA custodial agreement. Ask your employer for a copy of the HSA custodial agreement.
- 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 documentation before your account can be established.

Print name
Signature
Date

The balance in your HSA is insured by the Federal Deposit Insurance Corporation (FDIC), and is subject to applicable deposit limits.




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Step 2:

Complete the PHP Enrollment Form (available from your employer)

- ✓ Check the HSA box **AND**
- ✓ Check the box for an Integrated Health Savings Account with HealthEquity – *I have read and agreed to the HSA authorization form* **AND**
- ✓ Include the employee's social security number. As noted in the HSA Authorization Form, this is required to open an HSA account.

Enrollment/Change of Status/Waiver Form 
P.O. Box 4327, Portland, OR 97208-4327, 800-878-4445, www.ProvidenceHealthPlan.com
Please complete all information on this form. This information is required to process your enrollment.

Group information
Employer group name: _____ Group number: _____ Date of hire: _____
Requested effective date: _____ Eligibility waiting period start date: _____ Class/subgroup: _____

New enrollment Open enrollment Waiver of coverage (see section 4)
 Change in existing status Reason for status change:* _____ Date of event: _____
Subscriber ID number: _____ COBRA/state continuation: Start date: _____ End date: _____
Plan enrolling in: Total Enhanced Total Balance Choice Connect Standard HSA
 Integrated Health Savings Account with HealthEquity* – *I have read and agreed to the HSA authorization form.*

Section 1 - Employee information
 Male Female Date of birth: _____ Social Security number: _____ Married Single
First name: _____ Last name: _____ Middle initial: _____
Street address: _____ City: _____ State: _____ Zip: _____
Mailing address (if different than above): _____ City: _____ State: _____ Zip: _____
Daytime phone: _____ Evening phone: _____ Email address: _____

Section 2 - Dependent enrollment information (if waiving, see section 4)

| Add | Drop | First name | Last name | Middle initial | Relationship to employee | Social Security number | Date of birth | Gender |
|-----|------|------------|-----------|----------------|--------------------------|------------------------|---------------|--------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

*Reasons include: rehired eligible employee, marriage, divorce, death, adoption, dependent change (add or drop), address or name change, involuntary loss of other coverage, COBRA, or state continuation. (Dependents of Personal Option subscribers moving out of or back into the service area must use the Out-of-Area Dependent Enrollment Form. Contact customer service at the number listed above to obtain one.)

A new HSA Authorization Form and Enrollment Form will be required for all new and returning members requesting a HealthEquity account.

What happens next?

Your employer will submit your completed Enrollment Form to Providence Health Plan and we'll take it from there! PHP will send eligibility information to HealthEquity, and HealthEquity will coordinate with you and/or your employer to set up contributions.

* Claims for behavioral health and chemical dependency services (administered by PBH) are an exception. You will need to submit these claims directly to HealthEquity for payment or reimbursement.