

Health Saving Account Enrollment Form

If you have any questions about HSAs or completing this form, please contact your Flex Specialist at (951) 656-9273

Part I – Accountholder Profile Information

*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Home Phone	*Mobile Phone
*Physical Street Address (U.S. address required to open an HSA)			
*City		*State	*Zip Code
Alternate Mailing Street Address or PO Box			
City		State	Zip Code
*Email Address		*Date of Birth	
*Gender ☐ Male ☐ Female ☐ Unspecified		*Marital Status ☐ Married ☐ Single	
*Mother's Maiden Name			
*Hire Date	*Hours Worked per Week	*Payroll Frequency	

Part II – Authorization and Eligibility Certification

When opening an HSA with PAYPROtpa, I understand and agree to the following:

- I am at least 18 years old and cannot be claimed as a dependent on someone else's tax return.
- I am covered under a high deductible health plan (HDHP).
- I am not enrolled in Medicare.
- I do not have any other non-qualified health coverage.
- I do not have a flexible spending account (FSA) to pay for medical expenses incurred before my medical plan deductible is met, unless it is limited to pay for dental and vision expenses only.
- My spouse, if applicable, does not have a flexible spending account (FSA) to pay for medical expenses before their medical plan deductible is met, unless it is limited to pay for dental and vision expenses only.

As a follow-up to this application, you will need to log into the HSA website to accept your terms and conditions.

*Signature	*Print Name	*Date
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Part III – Election for Payroll Deductions

(Complete this section if you are enrolling through your employer's benefit offering)

I authorize my employer to deduct my HSA contributions from my payroll, and forward them to my HSA

My health plan coverage type: ☐ Single ☐ Family

Note – The HSA has a maximum annual contribution limit that is determined by your health insurance coverage (self-only/family). Your employer may choose to contribute to your HSA, which will count towards your maximum contribution allowed. Your health plan eligibility determines the effective date of your HSA. If you are covered on December 1, you are considered eligible for the entire year and not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any contributions over the prorated amount may be an excess contribution. You are solely responsible for determining whether contributions to your HSA exceed the maximum annual contribution limitation. You are also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution. For additional information regarding eligible and contribution limits please go to: www.irs.gov

2026 Annual Contribution Limit

2027 Annual Contribution Limit

Health Plan Coverage Level	*Annual Contribution Limit	Per Month
Self-Only	\$4,400	\$366.67
Family	\$8,750	\$729.17

Health Plan Coverage Level	*Annual Contribution Limit	Per Month
Self-Only	\$4,500	\$375
Family	\$9,000	\$750

*Age 55+ eligible for an additional catch-up contribution of \$1,000

Your Personal Contribution Election

Annual Maximum Contribution (plus catch up if eligible)	Minus (-)	Total Employer Annual Contribution	Equals (=)	Your Eligible Annual Contribution	Divided by (/)	Number of Payrolls per Year	Equals (=)	Your Maximum Per Pay Period Payroll Deduction
\$		\$		\$0.00				\$

Please withhold \$ from my payroll and apply to my PAYPROtpa HSA.

Part IV – Bank Account and Reimbursement Method

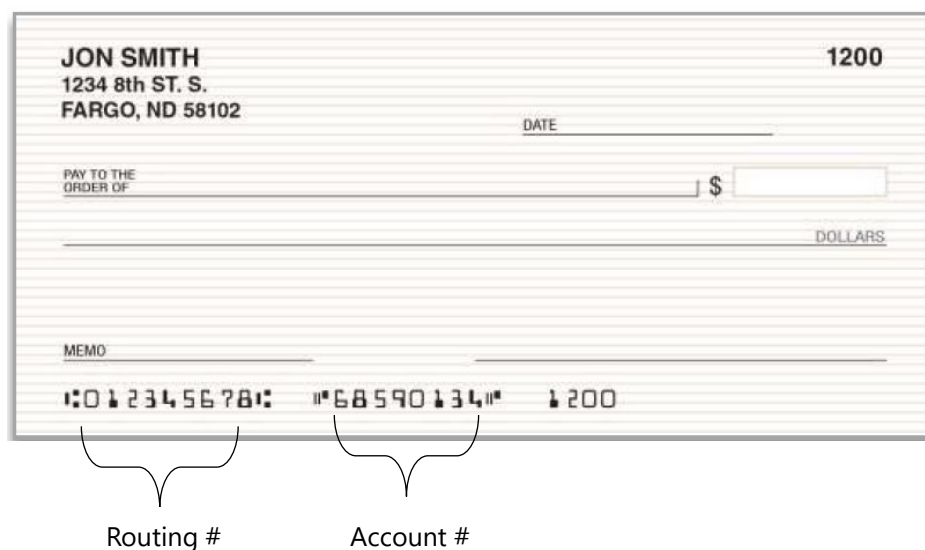
When I am not using my debit card and request a distribution through the HSA website, then I select the method below to automatically receive my HSA distributions

☐ **Paper Check** – I wish to have a paper check mailed to me. (I understand there will be a per check fee of \$1.50)

OR
☐ **FREE Direct Deposit** – I wish to have distributions automatically deposited into my personal bank account and will complete the Direct Deposit setup on the next page. This personal bank account can also be utilized to make a post-tax contribution to your HSA from the HSA website and the HSA mobile application.

Enter your personal bank account information if Direct Deposit is selected on the previous page.

*Bank Name			
*Address		*City	*State
*Account Type ☐ Checking ☐ Savings		*Routing #	*Account #



Next Steps:

1. Email, mail, or fax the completed form directly to your dedicated Flex Specialist to avoid delays.
2. Additional contact information for PAYPROtpa includes:
 - a. Email: flex@payprotpa.com
 - b. Address: PO Box 5040, Riverside, CA 92517
 - c. E-Fax: (951)656-9276
3. Log into the HSA portal and accept the terms and conditions of your HSA.
 - a. PAYPROtpa may reach out for additional information if needed to verify identification