



Health Savings Account Application Form

Instructions: Please complete boxes outlined in **RED**

Health Savings Account

Health Savings Account is a tax-deferred private savings account designed to pay for current and future medical, dental, vision, and preventive expenses with tax-free money. The health savings account *only* works in tandem with a High Deductible Health Plan (HDHP). An HDHP covers serious injury or illness once deductible is met.

Prince Avenue Christian School will Contribute to the HSA as follows based on election:
\$25 Monthly

HSA Contribution Limit:
Self: \$3,600
Family: \$7,200

A: Personal Information

Last Name:	Middle Initial:	First Name:
Date of Birth: ____/____/____	Social Security Number:	
Street Address:	Apt #:	
City:	State:	Zip Code:
Home Phone Number:	E-mail Address:	
Gender: Male Female		
Date of Hire: ____/____/____		

B: Contribution Information

Account #:		
Amount:	Contribution Date:	Tax Year:
Contribution Type:		
Regular	Catch-Up (age 55 or older and not enrolled in Medicare	
Rollover from a HSA Account	Transfer from a Health Savings Account	

C. Contributor Information [Select ONE]

HSA Owner
Other

Employer

Family Member

D: Designation of Beneficiary

At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets.

Primary Beneficiary

Last Name: Middle Initial: First Name:
Percentage of Benefit: Social Security Number:
Gender: Male Female

Last Name: Middle Initial: First Name:
Percentage of Benefit: Social Security Number:
Gender: Male Female

Contingent Beneficiary

Last Name: Middle Initial: First Name:
Percentage of Benefit: Social Security Number:
Gender: Male Female

Last Name: Middle Initial: First Name:
Percentage of Benefit: Social Security Number:
Gender: Male Female

E: Acknowledgement of Coverage and Signature

Name Printed:

Signature:

Signature Date: ____/____/____