


**INSTRUCTIONS:**

1. Please complete, sign and date this form. (\* = Required Fields)
2. Return it to your supervisor or HR Department.

Account Holder Information (Please print):				
*Name (Last, First, MI)		*Social Security Number	*Date of Birth	*Hire Date
*Address		*City	*State	*Zip
*Home Phone Number ( )	*Daytime Phone Number ( )	*Email Address		* # Pay Periods

Dependent Information			
Name	Social Security Number	Date of Birth	Relationship

- Please note that you cannot enroll in both the HSA and the HRA plans.
- Please make sure that you list out all dependents.

Direct Deposit Setup	
*Bank Name	*Account Type <input type="checkbox"/> Checking or <input type="checkbox"/> Savings
*Routing Number	Illustration of Bottom of Check 
*Account Number	

HRA Type	Single Plan	2 Person/Parent Child	Family
CDHP Gold	_____	_____	_____
CDHP Silver	_____	_____	_____
Platinum	_____	_____	_____

<b>Gold</b>	_____	_____
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In the event our group does not pass the necessary nondiscrimination tests, I authorize my employer to make any necessary reductions to my election in order to conform with the nondiscrimination rules.

\*Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_