Health Savings Account Enrollment Form

If you have any questions about HSAs or completing this form, please contact The Harrison Group, Inc at (610) 853-9075.

Part I - Accountholder Profile Information

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

Part II - Authorization and Eligibility Certification

When opening an HSA with The Harrison Group, Inc., 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, please review page 3 for further instructions on how to login to the HSA website to accept your terms and conditions.

*Signature	*Print Name	*Date

Part III - Election for Payroll Deduction

(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	*Effective Date:

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're considered eligible for the entire year and not required to prorate 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	Health Plan Coverage Level	*Annual Contribution Limit	Per Month
Self-Only	$4,400	$366.66	Self-Only	$4,500	$375.00
Family	$8,750	$729.16	Family	$9,000	$750.00

*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	Divide (/)	Number of Payrolls per Year	Equals =	**Your Maximum Per Pay Period Payroll Deduction**
$ _____		$ _____		$ $ 0.00				$

Please withhold $ _____ per pay and apply to my HSA at The Harrison Group, Inc.

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.

☐ **FREE Direct Deposit** – I wish to have distributions automatically deposited into my personal bank account and will complete the Direct Deposit Setup in my online participant portal. 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.

OR

☐ **Paper Check** – I wish to have a paper check mailed to me.

Employee Next Steps:

1. Give this completed form to your Employer HR/Payroll/Benefits office to approve and process for payroll deductions.

2. You will receive an email notification that your Health Savings Account (HSA) has been received and set-up.

3. Accept the terms and conditions of your Health Savings Account:
   - Log into your HSA Participant Portal at www.theharrisongrouponline.com
   - Click "Log In", then "I am a Participant".
   - Enter your User ID and Password:
     - Your User ID is the first letter of your first name, followed by your last name, followed by the last four digits of your Social Security number.
     - Your Password is the last four digits of your Social Security number
   - Click to "**Accept"** the terms and conditions of your HSA.
   - Go to the "Tools & Support" tab in your portal to set up Direct Deposit for your account.

4. Verification of your identity is required for opening an HSA and may result in needing to supply additional information. If this applies to you, then you will be notified by The Harrison Group, Inc. on how to proceed.

Employer HR/Payroll/Benefits Department:

1. Process the payroll deduction to the employee's pay.
2. Please submit this form to The Harrison Group, Inc.

   Email directly to your dedicated account manager or send to our service inbox here:
   Email: service@theharrisongrouponline.com
   Mailing Address:
   The Harrison Group, Inc.
   3 Raymond Drive, Havertown PA 19083
   Fax: (610) 853-9079