



Enrollment Department
4417 Corporation Lane
Virginia Beach, VA 23462
(757) 552-7401

Optima Equity Health Savings Account (HSA) Enrollment Form

Employer Name:

Health Savings Account Selection

Health Savings Account (HSA) Administration – *If you have chosen an HSA eligible high deductible plan offered through your employer, you are eligible to establish a Health Savings Account (HSA). HealthEquity is Optima Health’s preferred vendor for HSA account administration. Do you want to establish an HSA account?*

Yes, please **do** establish an HSA account for me with HealthEquity

No, please **do not** establish an HSA account for me with HealthEquity

HSA Effective Date _____

HSA Termination Date _____

Personal Information

Name: First: _____ Last: _____ Middle: _____

Date of Birth: _____ Social Security Number: _____ Gender: M F

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Contact Phone: () _____ Email: _____ (for statements and notices)

Insurance Coverage Effective Date: _____ Coverage Type: Single Family

Signature

_____ Print Name

_____ Signature

_____ Date

Please submit your completed form to Optima Health at the address listed above.