

Health Savings Account member enrollment form



Complete this form to open a health savings account, powered by HealthEquity, Inc.® An HSA is an account you can use to pay for current health care expenses and save for future eligible medical and retiree expenses on a tax-free basis.

Account holder information		
First name	Middle initial	Last name
Email address	Contact phone number	Date of birth
Insurance coverage <i>(This information can be found on your member ID card.)</i>		
Enrollee ID	Group number	
Plan name		
Authorization and certification		
<p>By opening a health savings account with HealthEquity, you accept the terms of HSA enrollment and the custodial agreement. You may view the HSA custodial agreement here: healthequity.com/en/Site/EducationCenter/Forms.aspx* by looking under Health Account Forms and Agreements. The member acknowledges the financial institution will compensate Blue Cross Blue Shield or Blue Care Network of Michigan for services rendered by Blue Cross. Upon enrollment, you understand and agree to the following:</p> <ul style="list-style-type: none"> You are covered by an HSA qualified high-deductible health plan. You are not covered by any other nonqualified health coverage, including Medicare. You do not have access to dollars in a flexible spending account to pay for any medical expenses before the required HDHP deductible is met, including a spouse's flexible spending account. You are not claimed as a dependent on another individual's tax return. HealthEquity must verify your identity in order to open your HSA. By choosing the HealthEquity HSA you will be charged \$2.95 per month per funded account. <p>For further information regarding HSA laws, go to www.irs.gov/pub/irs-pdf/p969.pdf.*</p>		
Print name	Signature	Date

The balances in all HealthEquity HSAs are FDIC-insured unless invested in mutual funds.

Mail your completed enrollment form to the following address:

For Blue Cross Blue Shield of Michigan PPO and EPO Members:
Blue Cross Blue Shield of Michigan
Mail Code 609B
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

For Blue Care Network HMO Members:
Blue Care Network of Michigan
Membership Billing – Mail Code H300
P.O. Box 5043
Southfield, MI 48086-5043

You may also return this form via fax:
1-866-392-7528

You may also return this form via fax:
1-844-667-8881

Enrollment in the health savings account, powered by HealthEquity, does not change your coverage or access to your current Blue Cross plan.

You will receive your health savings account debit card and instructions for setting up your account within three to four weeks from the time we receive your enrollment form.

*Blue Cross does not control these websites or endorse their general content.

HealthEquity, Inc. is an independent company supporting Blue Cross Blue Shield and Blue Care Network of Michigan by providing health care spending account administration services. An independent, FDIC-insured bank holds the health savings account dollars.

