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# MONROE-GREGG SCHOOL DISTRICT

## HSA SAVINGS ACCOUNT APPLICATION

**Please note: Employees must be enrolled in the HSA High Deductible Health Plan to qualify.**

### **PART 1. HSA OWNER**

Name (First/MI/Last) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Spouses Name (If married) \_\_\_\_\_

### **PART 2. TYPE OF HEALTH INSURANCE PLAN COVERAGE**

Please check only one.

Self Only \_\_\_\_\_

Family \_\_\_\_\_

### **PART 3. BENEFICIARY DESIGNATION**

Primary Beneficiaries:

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Relationship \_\_\_\_\_  
Percent Designation \_\_\_\_\_

For further assistance please contact:

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