



WEX HSA ACCOUNT EMPLOYEE OFFERED HSA FORM 2026 Enrollment/Change Form

ACCOUNT HOLDER'S INFORMATION - Complete

Last Name: _____ First Name: _____ Middle Initial: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Primary Phone: _____
SS#: _____ Date of Birth: _____

HEALTH INSURANCE PLAN INFORMATION - Complete

Enter your yearly or monthly contribution amounts:

I would like to elect an annual total contribution of \$ _____ for the 2026 calendar year. *Total contribution will be divided evenly over pay periods throughout the year.*

or

I would like to elect a monthly contribution of \$ _____ for the 2026 calendar year.

I would like to change my contribution of \$ _____ to \$ _____ per payroll.

I certify I am 55 year of age or will be turning 55 year of age during this calendar year and thereby eligible for the \$1000.00 (2026) catch up. I am electing an additional contribution of \$ _____ per payroll.

2026 Annual Maximum Total Contribution based on Coverage Level		
Single	Employee + Child(ren)	Family
\$4,400	\$8,750	\$8,750

SIGNATURE (Complete)

The Account Holder named above is establishing this health savings account (HSA) exclusively for the purpose of paying or reimbursing qualified medical expenses of the account holder, his or her spouse, and dependents. The account holder represents that, unless this account is used solely to make rollover contributions, he or she is eligible to contribute to this HSA; specifically, that he or she: (1) is covered under a high deductible health plan (HDHP); (2) is not also covered by any other health plan that is not a HDHP (with certain exceptions for plans providing preventative care and limited types of permitted insurance and permitted coverage); (3) is not entitled to benefits under Medicare (generally, has not reached age 65); and (4) cannot be claimed as a dependent on another person's tax return.

The custodial agreement for this account will be sent to you under separate cover.

HSA Account Holder Signature

Date

BENEFICIARY DESIGNATION

Your spouse will be deemed to be your beneficiary. If you have no spouse, your estate will be deemed your beneficiary. You can change your beneficiary designations at any time by signing into your account at benefitslogin.wexhealth.com and completing online or by contacting customer service at (866) 451-3399.

ONLINE MEMBER SERVICE CENTER

Once your HSA is set up, you can register with the Online Member Service Center and manage your HSA online. Here are a few things you can do in the Online Member Service Center:

- Update personal profile
- Check your balance and monitor account activity
- View past reimbursements requests
- Create customized statements and reports
- Deposit money into your HSA
- Request reimbursement
- Order a WEX Debit Card
- Designate beneficiary(s)
- Authorize release of information