

FIDELITY INVESTMENTS-HEALTH SAVINGS ACCOUNT

Appointment of Employer as Authorized Agent to Open an HSA

Check below:

□ Kaiser ABHP □ Single □ Double/Family		□ Blue Shield ABHP □ Single □ Double/Family	
□ Classified	□ Adjunct □ Facult	y 🗆 Management	
By signing in below, I appoint SANTA R administering a Fidelity Investments Healt information to and from Fidelity Investme	h Savings Account ("HSA	A") on my behalf, and author	rize SRJC to send and receive
I certify that I am eligible to contribute to the <i>Custodial and Deposit Agreement</i> gov			
I provide the following information and	authorize SRJC to forwa	ard this information to Fidelity	y Investments.
First name	Middle initial	Last Name	
Residential Street address (not P. O. Box)	City	State	Zip
Mailing address (if different than residential – op	tional) City	State Zip	
Date of birth (mm/dd/yyyy)	SSN/ITIN	Home/Cell number (optio	nal)
Country of citizenship (US Cit	tizen or Permanent / Resid	lent Alien or Non-Permanent/Non	n-Resident Alien)
I agree that Employer will remain my ag appointment, and Employer has a reas participate in a Health Savings Account.			
By signing below, I agree to the above appropriate to determine if it should op report (e.g., information from any motor v	en and maintain my F	ISA. This may include order	
Employee Signature		- Date	

^{*} Please return this completed and signed form to Lisa Hotchkiss (lhotchkiss@santarosa.edu) and Katie Jimenez-Tuscano (kjimeneztuscano@santarosa.edu) in the Payroll Department