

Your Brand.

Jane Anderson

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HSA Enrollment: Profile

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Demographic Information

First Name:*

Middle Initial:

Last Name:*

Social Security Number:*

Birth Date:*



Gender:*

Female

Male

Marital Status:*

Married

Single

You cannot change your Marital Status while you have a dependent marked as Spouse.

Contact Information

Country:*

United States

Address Line 1:*

Cannot be P.O. Box

Address Line 2:

Cannot be P.O. Box

City:*

State:*

Minnesota

Zip Code:*

Home Phone:*

() -

Email Address:

By providing an email address, you will receive communications from Sample Administrator electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

I want a paper copy of my HSA Account Summary mailed to me. I can view my HSA Account Summary on this site for no charge.

* = required field



Questions?

Contact Customer Support at (555) 555-5555, toll free at (888) 555-5555 or email us at support@sampleadmin.com.

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