



Employee Enrolment Form

Employee Account Information

Company Name				
Employee Name				
Email Address				
Address	Street			
	City			
	Province			
	Postal Code			
Date of Birth				
Gender	Male	Female	Gender Diverse	Prefer not to say

Plan Information - to be completed by the Plan Administrator

Hire Date			
Plan to be attached			
Effective Date			
Apply wait period	Yes	No	

Employee Banking Information (optional)

Bank #		Branch (Transit) #		Account #	
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Dependent Information (optional)

Name		DOB		Gender	M	F	Gender Diverse	N/A	Relationship to Employee	
Name		DOB		Gender	M	F	Gender Diverse	N/A	Relationship to Employee	
Name		DOB		Gender	M	F	Gender Diverse	N/A	Relationship to Employee	
Name		DOB		Gender	M	F	Gender Diverse	N/A	Relationship to Employee	

Disclaimer:

This form is a tool for data collection purposes only. Once filled out, the advisor or plan administrator can reference this form to enrol the employees using their myHSA account. Please see the advisor/PA handbook for more details.

