



Marathon County Employees Credit Union

400 E. Thomas Street • Wausau, WI 54403 • 715.261.7680 • cuteller@co.marathon.wi.us • www.mcecu.org

Serving Government Employees and Family Members in Marathon County

Health Savings Account (HSA) Enrollment Form

Contact Information

Last Name	First Name	MI	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated	Date of Birth	Social Security Number
Street Address		City	State	Zip Code	
Email Address		Home Phone # (area code)	Cell Phone # (area code)	Work Phone # (area code & ext.)	
DL #	State of Issuance		Expiration Date		

Authorized User Information

Last Name	First Name	MI	Date of Birth	Social Security Number
Street Address		City	State	Zip Code
Email Address		Home Phone # (area code)	Cell Phone # (area code)	Work Phone # (area code & ext.)
Name of Employer				
DL #	State of Issuance		Expiration Date	

Beneficiary Information

Name and Address (street, city, and zip code)	Date of Birth	Social Security Number	Primary or Contingent	Relationship	Share %
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	

Do you want checks? Yes No

Do you want a debit card? Yes No

Please provide a copy of your driver's license for the employee and any authorized users.

Signature

Date