

HealthEquity Acceptance Form

California's Valued Trust (CVT) has partnered with HealthEquity to deliver a fully integrated approach to consumer-driven healthcare that combines industry-leading health savings accounts (HSAs) with CVT's High Deductible Health Plans (HDHP) effective **October 1, 2016**. CVT has three PPO HDHP and one Kaiser Permanente HSA plan that are compliant with requirements set by the Internal Revenue Service (IRS) and are compatible with the HSA option. For CVT's HDHP subscribers and their families to enjoy the benefits of HealthEquity HSAs and integrated services, your District's administrative support is required and this form must be completed, signed and returned to CVT.

HealthEquity is the nation's oldest and largest dedicated health savings trustee. With the implementation of HealthEquity, HDHP members can have better access to, and control of their Health Savings Accounts using innovative technology and online tools, and 24/7/365 customer service excellence. Health Equity also provides account deposit and expenditure tracking along with tracking IRS contribution limits within a plan year. For more about our new partner visit www.HealthEquity.com

Instructions: The District Business Official/Business Manager is to complete and return this form by email to the appropriate Account Manager listed below or fax to (559) 437-2965 **before May 30, 2016** for an October 1, 2016 effective date.

- **Dave Koop**, Account Manager – davidk@cvtrust.org
- **Tierney O'Brien**, Account Manager – tierneyo@cvtrust.org
- **Pam Oliveto**, Account Manager – pamo@cvtrust.org
- **Eric Fiedler**, Account Manager – ericf@cvtrust.org

Check one:

Yes, our District will provide the necessary administrative support required to provide HealthEquity services to employees enrolled in CVT HDHP plans.

Please identify the individual who will be the primary District contact for HealthEquity services if other than you. Name: _____ Email: _____

No, our District will decline the offer at this time

Business Official Name (Print) _____

Signature _____ Date _____

District Name/Contact number _____

Questions? Contact CVT Member Services at (800) 288-9870.