



# Health Savings Account Enrollment Form

<b>*EMPLOYER MUST FILL-IN*</b>		
Re-enrollment	New	Change ___
Effective Date	_____	
1st Deduction Date	_____	
Payroll Mode	W B S M Q	
Division Code	_____	

**I. Personal Information** (Please print clearly and provide complete and accurate information.)

Your Employer \_\_\_\_\_ Employer ID # \_\_\_\_\_ (EMPLOYER MUST FILL-IN)

Member # \_\_\_\_\_ Your Name \_\_\_\_\_  
(This may be your SSN or employer assigned number) (Last) (First) (M)

Social Security Number (required to open an HSA) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Check if this address is new within last year.

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hire Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**II. Election Information** (Please check the appropriate box to indicate if you wish to enroll, or do not wish to enroll, and sign below.)

- Yes, I wish to participate in the Health Savings Account program and authorize payroll reduction from my salary on a pre-tax basis in the amount indicated below, and continuing until this election is amended or terminated. These contributions will be reduced from my compensation on a pre-tax basis.
- I have been offered the opportunity to enroll in a Health Savings Account program and do not wish to enroll at this time.

**\*All fields must be complete in order to enroll\***

**BENEFIT CHOICES**

**PER PAY PERIOD AMOUNT**

**Health Savings Account (HSA)**

- The minimum & maximum contribution amounts are determined by your employer.

**Employee payroll deduction:**

\$ \_\_\_\_\_ - \_\_\_\_\_

**Employer Contribution:**

\$ \_\_\_\_\_ - \_\_\_\_\_

I understand that:

- I am able to change my HSA contribution at any time by contacting my benefits department.
- This election will be automatically changed or cancelled, if necessary, to comply with provisions of the Internal Revenue Code.
- Any amount in my HSA will roll over to following years.
- Social Security and Medicare taxes are not being withheld on the amount of my salary reduction under this election.
- The amount of salary reductions may not be claimed on my or my spouse's income tax returns.
- If my employment terminates, my HSA is portable and I can take my funds with me.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_