

HSA Enrollment Form

Company Name (Employer)

Employee ID

Employee Information

Last Name First Name Middle Initial

Social Security Number – – Date of Birth Employee Email

Address City State Zip Code

Daytime Phone Number Mother's Maiden Name Hire Date

Payroll Frequency Hours worked per week

Gender: Male Female Marital Status: Married Single

Enrollment Information

☐ New ☐ Renewal Effective Date First Payroll Deduction Date

Enrollment Options

I request the following amount(s) to be deducted from my pay check:

	Annual Amount	Divide by	Pay Period Amount
HSA Contribution:	\$ (# of Pay Periods)	=	\$
*Employee Catch Up Contribution	\$ (# of Pay Periods)	=	\$

Indicate HDHP Coverage Level: Self-only Family/Other

Your employer may also contribute to your HSA which will apply to your maximum contribution allowed. You are solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. You are also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution.

*You can start making catch-up contributions anytime in the calendar year in which you turn age 55.

Contribution Limits

Single Coverage:	Annual maximum contribution \$ <u>4,150.00</u>	Less Employer Contribution \$	Maximum Employee Contribution \$
Family Coverage:	Annual maximum contribution \$ <u>8,300.00</u>	Less Employer Contribution \$	Maximum Employee Contribution \$

By signing this form, I authorize my employer to deduct the elected amount from my pay on each pay date on a pre-tax basis for my own HSA contributions. I agree that I will notify my employer immediately in writing if I cease to meet any of the conditions required for HSA eligibility. I also acknowledge that all contributions made to an HSA on my behalf are subject to certain aggregate limits under federal law and it is my responsibility to ensure that the total contributions made by myself, as well as any contributions made on my behalf, do not exceed the maximum annual contribution limit that applies to me.

Signature

Date