

HEALTH SAVINGS ACCOUNT (HSA) Contribution Options and Salary Reductions Arrangement



I certify that I have enrolled or plan to enroll under an HSA-qualified High-Deductible Health Plan (HDHP) and am not covered under any other health coverage that is not an HDHP.

PLEASE CHECK WITH YOUR EMPLOYER FIRST: You may choose to make your HSA contributions through your salary reductions on a pretax basis (Option 1, if available).

Option 1: I hereby elect to make contributions to my HSA through my **pretax** salary reductions under my employer's Flexible Benefits Plan/Cafeteria Plan. [You may choose this option only if your employer Cafeteria Plan includes an option for salary reductions for HSA contributions.]

Please complete this if you selected Option 1 above:

<p>Per Pay Period Deduction</p> <p>\$ _____ X</p>	<p>Pay Frequency (Please Select One)</p> <p><input type="checkbox"/> Biweekly (26 pay periods)</p> <p><input type="checkbox"/> Semi-annually (2 pay periods)</p> <p><input type="checkbox"/> Annually (1 pay period)</p> <p><input type="checkbox"/> Total Annual Employer Contribution*</p>	<p>Total Annual Employee Election*</p> <p>\$ _____</p> <p>\$ _____ (If Applicable)</p>
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Date of First HSA Contribution: ____/____/____

Please note that the date must be on or after: first day of your HDHP coverage or HSA open date, whichever is later; you may leave the date unspecified, in which case you are deemed to have authorized your employer to determine such date on your behalf.

***NOTE:** Your Total Annual Election plus contributions from any other sources, including any employer contributions, **cannot exceed:** (See your employer if you are age 55 or older and wish to make the \$1,000 allowed catch-up contribution)

HDHP Coverage Level	2015	2016
Self-Only	\$3,350	\$3,350
Family	\$6,650	\$6,750

} To Be Adjusted Annually

The elections noted above are to be deducted post-tax, as I am not eligible for pretax salary reductions

Midyear Enrollees: I understand that I may contribute the maximum annual limit if I am enrolled by December 1 and that I must remain eligible to contribute to an HSA for 12 months after the end of the contribution period. If I become ineligible during this period, I understand that I will be subject to income and penalty taxes on the excess contributions.

I intend to make the highest annual HSA contribution permissible by law; I thus hereby authorize my employer to make necessary adjustments to my salary reductions elected above upon my HDHP coverage status change (from Self-Only to Family or vice versa) and at the beginning of each new calendar year to correspond to such year's HSA maximum contribution increase as applicable to my HDHP coverage status, pursuant to IRS rules and announcements.

I hereby authorize my employer to reduce my salary pursuant to the above election and to forward such salary reductions to the HSA Service Provider to be credited to my HSA.

Option 2: I do not elect Option 1 above; I choose, instead, to make my HSA contributions by sending check(s) or money order(s) on an after-tax basis directly to the HSA Service Provider.

Please return to your employer.

Employee Name: _____ SSN: _____

Employee Address: _____
(City) (State) (Zip code)

Employee Signature: _____ Date: _____

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