Enrollment Form – Health Savings Account (HSA)

GENERAL INFORMATION:

Employee Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Banner ID Number: _____ Date of Birth (MM/DD/YYYY): _____

Date of Hire (MM/DD/YYYY): _____

Health Savings Account

2017 HSA Election Maximums

HDHP Single Coverage **- $3,400** HDHP Family Coverage - **$6,750**

Additional 'Catch-up' allowed for those 55 years of age or older - **$1,000**

☐ I hereby elect to participate in the Health Savings Account

	Per Pay Period	# Pay Periods	Annual Election
Health Savings Account (HSA)	$ _____	x _____ =	$ _____

AUTHORIZATION & ACKNOWLEDGEMENT:

The annual maximum is the applicable statutory maximum for my High Deductible Health Plan (HDHP) coverage type (i.e., single or family). The IRS may adjust this amount each year. Contributions are prorated based on the number of pay periods you will be covered under an HDHP. An exception to this rule allows participants with an HSA who are covered on December 1st to contribute the entire amount for the year. Your HSA contribution election can be changed prospectively, for any reason in accordance with the administrative provisions set forth by Human Resources.

By electing HSA benefits, I am certifying that I meet the requirements under Internal Revenue Code § 223 to be eligible to contribute to an HSA. I understand that:

• I must be covered by an IRS qualified HDHP to contribute to an HSA.

• I may not be claimed as a dependent on another individual's income tax return.

• I may not be covered by other medical coverage, including Medicare or my spouse's traditional medical Flexible Spending Account.

• HSA benefits cannot be elected in addition to health care flexible spending account reimbursements unless a Limited Purpose FSA option is available.

For more information about HSA eligibility requirements, see IRS Publication 969.

_____ _____

Employee Signature Date

WageWorks is the administrator of your Plan.
Please return this form to your Employer.