## **Health Savings Account Contribution Authorization Form**

Follow these easy steps:

- 1. Complete all entries on this authorization form.
- 2. Print, sign and date this form.
- 3. Submit it to your Human Resources Department.
- 4. Open your HSA online. You will receive additional instructions following the enrollment period.

## **Health Savings Account Qualification**

Your Health Savings Account is your financial asset even if you change employers or health plans. To be eligible for a Health Savings Account you must meet three criteria:

- 1. You must be covered by a qualified high deductible plan
- 2. You cannot be covered by another health plan, including Medicare or Flexible Spending Accounts (you may be enrolled in a Limited Use Flexible Spending Account if offered by your employer or your spouse's employer)
- 3. You cannot be claimed as a dependent on another individual's tax return

## **Open Your Account Online**

After the enrollment period, you will receive additional instructions for opening your Health Savings Account online. The instructions are usually emailed, so please enter your email address below.

Personal Information		
Employee Name (last name, first name)	Social Security Number	
Street Address (can not be PO Box)	City, State, Zip Code	
Mailing Address (if different)	City, State, Zip Code	
Day Time Phone Number	Email Address	
Date of Birth	Enrollment Status  New participant  Re-enrollment	
Pre-Tax HSA Contributions		
You can elect to make pre-tax contributions to an HSA through payroll deduction. Please indicate your pre-tax payroll deduction amount here.	Annual Pre-Tax HSA Contribution Amount \$ (Not to exceed IRS maximum)	od
Authorization and Certification		

Authorization and Certification	
• I am authorizing my employer to reduce my compensation by the amount specif	ïed.
I understand that after the enrollment period, I will receive additional instruction Account (HSA) with the custodian.	ns for opening my Health Savings
Employee Signature	Date