**HEALTH SAVINGS ACCOUNT EMPLOYEE CONTRIBUTION**

**ELECTION FORM**

(To be completed and returned to your employer)

**Employer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ACCOUNT OWNER’S NAME AND ADDRESS** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name First Name Middle Initial**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City State Zip Code**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security No. Date of Birth Daytime Phone Evening Phone**

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| **CONTRIBUTIONS** |

[ ]  I wish to contribute $\_\_\_\_\_\_\_\_\_\_\_to my HSA account each pay period on a pre-tax basis.

I understand this amount will be deducted from my paycheck until I indicate otherwise.

[ ]  I wish to make a single contribution of $\_\_\_\_\_\_\_\_\_\_\_to my HSA account on a pre-tax basis. I understand this will be deducted from my paycheck one time only for the tax year \_\_\_\_\_\_\_\_\_\_.

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| **SIGNATURE** |

It is my responsibility 1) to determine whether I am eligible to make contributions to my HSA;

And 2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

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Account Owner Date