

HEALTH SAVINGS ACCOUNT EMPLOYEE CONTRIBUTION ELECTION FORM

(To be completed and returned to your employer)

Employer Name: _____

ACCOUNT OWNER'S NAME AND ADDRESS

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Social Security No.

Daytime Phone

Evening Phone

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 contribute \$ _____ to my HSA account each pay period on a post-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 or ☐ post tax basis. I understand this will be deducted from my paycheck one time only for the tax year _____.

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.

Account Owner

Date