Health Savings Account (HSA)
Contribution Options & Salary Reduction Arrangement

By my signature below, I certify that I have enrolled, or plan to enroll, in an HSA-qualified High Deductible Health Plan (HDHP) and am not covered under any other plan that would disqualify me from opening or contributing to my Health Savings Account. I understand that this form is provided for convenience purposes and that HSA Bank will not initiate any contributions to my HSA, but will allow my employer or their authorized agent to initiate contributions to my account.

OPTION ONE

☐ I elect to make contributions to my HSA through a pre-tax salary reduction through my employer's Section 125 Cafeteria Plan and authorize my employer deduct the amounts as indicated from my salary and forward the funds to HSA Bank to be deposited in my HSA.

Deduction Option:

☐ $_____ Amount per pay period

☐ $_____ One-time Single Contribution

(Not to exceed maximum single amount allowed annually.)

☐ $_____ One-time Family Contribution

(Not to exceed maximum single amount allowed annually.)

Frequency of Pay Period:

☐ Bi-Weekly (20 paychecks per/year)

☐ Bi-Weekly (26 paychecks per/year)

☐ Monthly (12 paychecks per/year)

Total Annual Employee Election: $_____.___

Total Annual Employer Election: $500.00 (Individual) $1000.00 (Family)

Note: Your Total Annual Employee Election along with contributions from any other sources, including your employer, may not exceed the Annual Maximum Contribution amount set by the IRS. Contribution limits for the current tax year can be found at: www.hsabank.com or by visiting the IRS site at: www.irs.gov. Additionally, investment accounts are not FDIC insured, may lose value and are not a deposit or other obligation of, or guarantee by the bank.

Date of first HSA contribution: _____ (To be completed by employer)

(Date must be on or after the first day of your HDHP coverage or the first day of opening your HSA, whichever is later. Leaving the date blank will authorize your employer to determine the date on your behalf.)

OPTION TWO

☐ I do not want to make contributions to my HSA through a pre-tax salary reduction. I understand that I may make contributions to my HSA on an after-tax basis by sending contribution(s) directly to HSA Bank.

EMPLOYEE INFORMATION

Employee Name:		SSN:
Employee Address:		
City:	State:	Zip Code:
Employee Signature:		Date:
NEISD ID#		Phone Number:

Please return form to your employer.