



HEALTH SAVINGS ACCOUNT ELECTION FORM & COMPENSATION REDIRECTION AGREEMENT

COMPANY: _____

▶ ALL FIELDS ARE REQUIRED – PLEASE PRINT ◀

PLAN YEAR DATES: _____ To _____

DIVISION: _____ (if applicable) DOH: _____ EFF DATE: _____

SOCIAL SECURITY NUMBER: _____

FULL NAME: _____

RESIDENTIAL ADDRESS (physical address)

Street City State Zip

MAILING ADDRESS: (if different from residential address)

Street City State Zip

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ HOME PHONE: _____

EMPLOYEE ANNUAL ELECTION: _____

HIGH DEDUCTIBLE HEALTH PLAN COVERAGE LEVEL

- Self Only
- Self + 1 or more

REIMBURSEMENT METHOD

Please select your primary method of reimbursement from your HSA.

- Direct Deposit – You will need to provide your bank account information in the Direct Deposit Setup Section.
- OR**
- Check – All reimbursements paid by sending you check. If choosing this option, skip the Direct Deposit Setup Section.

DIRECT DEPOSIT SETUP

This section is required if you have chosen Direct Deposit as your HSA Reimbursement Method above.

BANK NAME: _____ ACCOUNT TYPE: Checking Savings

BANK ADDRESS:

Street City State Zip

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____
9 digit number

BENEFICIARY DESIGNATION AND INFORMATION

I designate the following individual(s) or entity as my primary or contingent death beneficiary(ies) of this HSA. If I am married in common law or in a community or marital property state, I must designate my spouse as my Primary Beneficiary unless spouse's signature is obtained and notarized below. Share percentages must equal 100% for primary and 100% for contingent.

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NUMBER	PRIMARY OR CONTINGENT	RELATIONSHIP <small>(Spouse, Dependent, Other)</small>	SHARE %

Please check one of the following:

- I am not married. If I become married at a future date, I must complete a new Beneficiary Designation form.

- I am married. I understand that if I choose to designate a primary death beneficiary other than my spouse, he or she must agree to the designation by signing below. My spouse's signature must be notarized.

Signature of Spouse (only required if your spouse is not listed as primary)

Notary Signature

Subscribed and swore to before this _____ **day of** _____, **20**_____

HSA ENROLLMENT CONFIRMATION

I am enrolling in an HSA through my employer. I authorize my employer to deduct my HSA contributions from my pay and forward them to my HSA. I understand that contributions will be withdrawn from my pay each pay period, and if my employer maintains a cafeteria plan that permits HSA contributions, my contributions will be made with pre-tax dollars. I understand that I can also make post-tax HSA contributions through my consumer portal. **Note: Your employer may also make a contribution to your HSA that will apply to your maximum contribution allowed. You are solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. You are also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution.**

Signature of Primary HSA Account Holder

Date