

HSA Enrollment Form for Pre-Tax Deduction

Personal Information

Employer Name:			
Employee Name:	Date of Birth:	Social Security Number:	
Street Address:	City:	State:	Zip Code:

This Agreement is to allow my Employer to withhold HSA deductions from my paycheck on a Pre-taxed basis. The option will be offered through my group section 125 Cafeteria Plan. Since the deductions will be through a group section 125 plan, I cannot adjust the contributions during the plan year without meeting certain eligibility requirements. (Note - You can make personal deposits directly into your HSA Bank account but this amount will not be reflected in your group sponsored payroll deductions for the plan year. You are required to stay below the IRS annual index limit for contributions each year.)

Health Savings Account Election:

<input type="checkbox"/> I elect to defer	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ _____</div>	Per-paycheck	beginning _____ for 20____.
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My employer and I agree that my taxable income will be reduced during the year by an equal portion of the benefit elections set forth above and that qualified expenses will be paid on a tax-free basis, I understand that I may change my election in the event of certain changes in my status and that, prior to the first day of each Plan Year, I will be offered the opportunity to change my benefit election for the upcoming Plan Year. I acknowledge that I have received, read and understand the Western Area School Health Benefit Plan Summary Plan Description. I understand it is my responsibility to understand the IRS guidelines set forth for HSA Plans and ensure I do not exceed the annual HSA contributions limits. I have also read and understand all the information provided with enrollment materials.

Employee Signature: _____ Date: _____