

Effective Pay Period Number _____

Effective Pay Period Ending Date _____

2016 Health Savings Account (*HSA) Enrollment Form

Please return completed form to Human Resources.

Employee Name	Employee ID Number
Department	Employee Phone Number
Name and Address of Bank	Bank Routing Number
**Checking or Savings	Bank Account Number

***A health savings account (HSA) is a special tax-advantaged medical savings account available to employees who are enrolled in a high-deductible health plan.**

****Please attach a voided check or bank letter.**

All new employees, electing the \$1,500 Deductible Plan, which is eligible to be paired with the Health Savings Account (HSA), must check one of the boxes below.

I am not eligible to participate in the HSA because I have Medicare, TriCare, Medicaid, or other non-qualified coverage on myself.

I am eligible to participate in the H.S.A:

I have exhausted all funds in my Flexible Spending Account (FSA).

I am eligible to participate in the HSA and would like to receive the employer's contribution to my bank account, but make no contributions to the account myself. *(If employees do not open the HSA account- the city will not deposit the employer funded HSA contribution)*

I am eligible to participate in the HSA and would like to receive the employer's contribution to my bank account and also make my own per pay period contributions to the account in the amount listed below (specify a dollar amount): \$ _____ (dollar amount per pay period)

The 2016 annual maximum for employee only coverage is \$3,350. For family coverage the maximum is \$6,750 and age 55 catch contributions are \$1,000. Please be aware any contribution the city makes to your account counts toward this annual maximum.

Employee Signature _____

Date _____

HR _____

Date _____