



Health Savings Account (HSA) Enrollment Form

| SECTION 1: EMPLOYEE INFORMATION | | |
|---------------------------------|--------------------------|------|
| Employee First Name: | Employee Last Name: | |
| Employer Name: | Date of Birth: | |
| Address: | | |
| City: | State: | Zip: |
| Email Address: | | |
| Phone: | Benefits Effective Date: | |

| SECTION 2: HSA ELECTION | |
|--|-------------------------------------|
| Election Amount: | 2024 Annual Limit Amounts |
| per | Single Level: \$4,150.00 |
| | Family Level: \$8,300.00 |
| | Catch-Up Contributions*: \$1,000.00 |
| | *For employees aged 55 or older |
| <i>Choose one:</i> | |
| I want to enroll in HSA and understand there is a maintenance fee of \$1.00 per month. | |
| I want to change my current HSA elections. | |
| _____ | |
| Check here to fully load all funds (one-time amount) on the next available payroll (or 1st payroll of the year). | |

I understand that if a change in status occurs, I may have the right to enroll in the plan at that time if my employer's plan allows. I also acknowledge that if enrolled in the Flexible Spending Account (FSA), funds will be limited purpose only (dental, vision, post-deductible expenses).

Signature: _____ Date: _____