



HSA Election Form

Employee Information (required)

| | | | | |
|-----------------------|--------------------|------------|--------|------|
| First Name: | MI: | Last Name: | | |
| SSN#: | Date of Birth: | | | |
| Address: | | City: | State: | Zip: |
| Daytime Phone: () | Home phone: () | Email: | | |

Health Savings Account Contribution Limits

The 2018 annual HSA contribution limit for individuals with self-only HDHP coverage is \$3,450, and the limit for individuals with family HDHP coverage is \$6,900.

I authorize my employer to make the following salary reductions:

Health Savings Account:

I elect to have \$_____ deposited annually into my Health Savings Account.

I understand that by signing this Election Form I am authorizing any necessary pre-tax deductions required to pay for above elected benefit selections.

Employee Signature

Date