



**2018 Health Savings Account (HSA)
Contribution Options & Salary Reduction Agreement
(REVISED 03092018)**

OPTION ONE: I elect to contribute to my HSA with a pre-tax salary reduction through my employer's Section 125 Cafeteria Plan, and authorize my employer to deduct the amounts as indicated from my salary and forward the funds to HSA Bank to deposit in my HSA.

Maximum HSA Contribution for 2018: EE: \$3,450 Family: \$6,850

HSA Contribution Frequency (choose only one):

- a) Per Pay Period \$ _____ _____ pay periods remaining
- b) Lump Sum Amount \$ _____ to be deducted from one pay period
- c) Accelerated Contribution: \$ _____ for _____ pay periods

(Deductions will stop after the indicated number of pay periods)

Contributions: \$ _____ x Number of Pay Periods _____ = Annual Contribution: \$ _____

Catch-Up Contribution:

Additional contribution of \$1000 annually for employees 55 or older during the plan year.

- a) Per Pay Period \$ _____ _____ pay periods remaining
- b) Lump Sum Amount \$ _____ to be deducted from one pay period

Note: Your Total Annual Employee Election along with contributions from any other sources, including your employer, may not exceed the Annual Maximum Contribution amount set by the IRS. Contribution limits can be found at :www.hsabank.com or by visiting the IRS site at : www.irs.gov

Date of first HSA contribution: _____/_____/_____

(Date must be on or after the first day of your HSA-compatible health plan coverage or the first day of opening your HSA, whichever is later. Leaving the date blank will authorize your employer to determine the date on your behalf.)

OPTION TWO: I do not want to contribute to my HSA through a pre-tax salary reduction. I understand that I can make after-tax contributions to my HSA online - through Internet Banking (<https://secure.hsabank.com/ibanking/>), or by mailing a check with a contribution form.

OPTION THREE: I am NOT eligible for an HSA account.

By my signature below, I certify that I have enrolled, or plan to enroll; in an HSA-compatible health plan and that I am not covered under any other plan that would disqualify me from opening or contributing to my HSA. I understand that this form is provided for convenience purposes and that HSA Bank will not initiate contributions to my HSA, but will allow my employer or their authorized agent to initiate contributions to my account.

Employee Signature: _____

Date: _____

For Initial HSA Bank Account Set Up:

Employee Name: _____ SSN: _____

Employee DOB: _____ Citizenship: _____

Employee Street Address:

City, State, Zip: _____

Mailing Address: _____

If different than Street Address

HR Use

Date Received: _____

By: _____

Date Entered in UP: _____

By: _____

cc to Payroll: _____

By: _____