

HSA Trust Account Contribution Election Form

Name	Social Security #	E-Mail	
Company		Location	
Home/Mailing Address		City	State Zip
Home Phone		Work Phone	
HDHP Insurance Coverage Selected: <input type="checkbox"/> Single <input type="checkbox"/> Family			

HSA Contribution Election Amount (Check <input checked="" type="checkbox"/> One Box)	
Employer Benefit Dollar Contribution is: _____	
<input type="checkbox"/> Accept	I elect to reduce my gross wages and contribute \$ _____ per month (include Benefit Dollars) into my HSA Trust Account at the Bank specified on my Trust Account Agreement. Once elected, this before-tax payment will continue indefinitely until I change my election amount, in writing, as allowed under my company's Flexible Benefit Plan.
<input type="checkbox"/> Waive	I do not elect to contribute through salary reduction into my HSA Trust Account at this time.
<input type="checkbox"/> Catch-Up Election	I certify that I am or will attain age 55 during the current tax year and elect to reduce my gross wage and contribute an additional catch-up amount of \$ _____ per month into my HSA Trust Account.

Purpose: This agreement is designed to allow an employee to convert a portion of his/her taxable earnings to a tax-free benefit, pursuant to a IRS Code Section 125 Plan and other code sections listed under a Flexible Benefit Plan. The Employer and Employee mutually agree to this election. It is a binding agreement effective _____. **Election changes are allowed during a Plan Year only as specified within the Flexible Benefit Plan Adoption Agreement.**

Limitations: The program will not affect any existing employee contract. All other benefits currently received by the employee shall continue unchanged. Termination of the employee's employment ends this agreement.

Benefits: The non-taxable benefits offered by the Employer under this program include the HSA Trust Account contribution as specified above. I understand that I must be active in a qualifying High Deductible Health Plan (HDHP) at the beginning of each month in order to continue to be eligible to make contributions into the HSA Trust Account. If I no longer qualify to participate in the HSA Plan then I must stop my contributions into the HSA Trust Account immediately. Dollars contributed to the HSA Trust Account are owned by me as the Account Holder. I may use these dollars tax-free for eligible medical expenses or use the dollars (subject to taxes and penalties) as explained under the HSA Trust Account rules as governed by the federal government. I understand the options available to me and choose the election above.

Certification: I understand that before I am eligible to make contributions to a HSA Trust Account: (1) I must be covered under a qualifying HDHP (as defined in Code Section 223(c)); (2) I cannot be claimed as another person's dependent; (3) I am not entitled to Medicare benefits; and (4) if I have any health coverage other than my coverage under the qualifying HDHP, that coverage is either qualifying HDHP coverage or permitted non-HDHP insurance or coverage. By signing this form and returning it to the Employer, I certify that all of the statements above are true. I understand that I am not eligible for HSA contributions during any month in which I do not meet all of the above HSA eligibility conditions and I agree that I will notify the Employer immediately in writing if I cease to meet any of these conditions. I also understand that the Employer will make contributions to an HSA Trust Account on my behalf on the basis of my certification and that the Employer's HSA contributions and my own HSA contributions are subject to certain aggregate limits under federal tax law.

I understand dollars contributed through salary reduction into my HSA Trust Account are not subject to federal, state, Social Security and/or Medicare contributions and that future Social Security benefits may be affected by participation in this Plan. I also understand that dollars contributed to the HSA Trust Account through salary reduction cannot be used as a deduction on my tax return.

Employee Signature _____ Date _____
 Employer Signature _____ Date _____

Plan Administrator/Coordinator Use Only		<input type="checkbox"/> Initial Election	<input type="checkbox"/> New-Hire Election	Date of Hire _____
<input type="checkbox"/> Election Change	COBRA Elected for Group HDHP coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Effective Date of Change _____	1 st or Final Payroll Deduction Date _____	No. Pay Period Deductions _____		
Approved By _____			Date Approved _____	

Health Savings Account (HSA) Summary Plan Description

Health Insurance

Selecting the right health insurance is the first part to establishing your personal Health Savings Account (HSA). As a Participant in a Health Savings Account Plan you must first own a high deductible health plan (HDHP) for yourself (individual coverage) or for yourself, spouse and/or dependents (family coverage). A HDHP can pay preventive benefits (before meeting the high deductible) and still be considered an eligible insurance plan for establishing an HSA. All other medical expenses (doctor visits, lab work, prescriptions etc.) must be paid by the policy holder – prior to meeting the deductible. The lowest deductible allowed to qualify as a HDHP is indexed annually. Once the deductible is met the insurance plan pays a percentage or all of the medical expenses, depending on the insurance coverage purchased, until a specified maximum amount has been paid by the policyholder at which time the insurance plan pays 100% of eligible medical expenses. Qualifying HDHP out-of-pocket limits, to be paid by the Participant, cannot exceed federal limits and are also indexed annually. A Participant who is covered under a qualifying HDHP at the start of each month is considered eligible for the HSA Plan for that month; once the HDHP coverage is cancelled – the Participant is no longer eligible to participate in the HSA. The policy holder with the HDHP can also own the following health policies without conflict: Dental, Vision, Accident, Cancer, Specific Illness, Hospital Income and Long Term Care Insurance.

Contributions

The federal limits for contributions to the HSA Trust Account for 2011 are \$3,050 for single coverage and \$6,150 for family coverage; limits for 2012 are \$3,100 for single and \$6,250 for family (values are indexed annually). The HSA Trust Account funding per year is limited to the current federal limit. Individuals who attain age 55 during the tax year can make additional “catch-up” contributions into the HSA Trust Account each year. The additional catch-up value is \$1,000.

HSA Trust Account

If a Participant owns a qualifying HDHP, he or she may individually open a Health Savings Account Trust Account (HSA Trust). The Participant can deposit tax-free dollars (through the Employer’s Flexible Benefit Plan, if offered, or independently) into the HSA Trust Account up to the federal limit per tax year. Prorated elections, based on the number of months you own a HDHP during the tax year, are recommended. However, a full year contribution can be made anytime, special rules apply. HSA Trust dollars are deposited into the account tax-free, accumulate tax-free and can be taken out tax-free for medical, dental and vision expenses for the entire family. Dollars in the HSA Trust can carry forward each year and can be invested. Dollars in the HSA Trust can be taken out for any non-medical reason prior to age 65 by paying taxes and a 20% penalty on these monies. Dollars in the HSA Trust can be taken out after age 65 as ordinary income (taxed when taken out with no penalty) or may be taken out tax-free for health care expenses. Dollars can be deposited into the HSA Trust each year until age 65 or until eligible and enrolled in Medicare.

Excluded: *You cannot own another insurance policy to cover doctor co-pays or prescription drugs; (i.e. items that would otherwise fall under the deductible) and contribute dollars to a HSA Trust Account. If a Flexible Benefit Plan or Health Reimbursement Plan, along with a group HSA Plan, is offered by your company, those plan designs will be modified so they do not conflict with the IRS HSA Plan coverage requirements.*

Employer Plan Information

If you are participating in your employer-sponsored Flexible Benefit Plan for HSA Trust contributions and wish to change your contribution amount, you are allowed to change your election monthly, see your Flex Plan Coordinator for details. You may be required to deposit the HSA Trust dollars into your Employer’s specified Bank or Financial Institution as noted on the Flexible Benefit Plan Information & Rules Page. However, you are free to transfer your individual HSA Trust dollars into any other HSA Trust of your choice. These dollars belong to you and will be carried forward from year to year until you use them either to pay health care expenses tax-free or as taxable compensation. Read the rules carefully as they relate to contributions and distributions to and from your HSA Trust. COBRA does not apply to HSA Trust contributions; however, it may apply to your HDHP if it is a group sponsored plan. HIPAA Privacy Rules apply as they relate to Protected Health Information.