HEALTHEZ®

# 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