

## **Health Savings Account (HSA)**

- This is a voluntary benefit available to employees enrolled in the High Deductible Health Plan who are not also covered by Medicare or any other non-high deductible health plan.

Contributions are on a pre-tax basis subject to an annual maximum of \$3,450 for an employee with single coverage and \$6,900 for an employee with family coverage. The maximum contribution limit is a combined total of employer and employee contributions. Amounts within a Health Savings Account may be used on medical, prescription, dental and vision expenses. Unspent money rolls over year after year.

**Health Equity is our NAPEBT Health Savings Account administrator.**

**\*You can enroll in a Health Savings Account \*\*ONLY\*\* if you elect the High Deductible Medical Plan**

### **Resources and Contact Information:**

Health Equity website *link to healthequity.com*

Winning With An HSA

FUSD HSA information

Maximizing Your Health Savings

**Member Services: 866.346.5800**



# Health Savings Account Employee Enrollment Form

Employer

## Qualified for a Health Savings Account

This enrollment form is to open a Health Savings Account that is used to accumulate assets for the payment of qualified healthcare expenses. Your Health Savings Account is your financial asset even if you change employers or health plans. To open a Health Savings Account you must meet three criteria:

- 1) You must be covered by a qualified high deductible health plan,
- 2) You cannot be covered by another health plan, including Medicare
- 3) You cannot be claimed as a dependent on another individual's tax return.

## Personal Information

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Street Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address Street: \_\_\_\_\_  
(if different) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_ (for statements and notices)  
Contact Phone: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender:  M  F  
Insurance Coverage: Coverage Effective Date \_\_\_\_\_ Coverage Type:  Single  Family

## Authorization and Certification

- I accept the terms of the HealthEquity HSA enrollment form and the HSA Custodial Agreement.

## Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The balance in your Health Savings Account is insured up to \$100,000 by the Federal Deposit Insurance Corporation (FDIC).

**\*Please mail this completed form to your Human Resources representative.**

## NAPEBT Supplemental Election Form for High Deductible Health Plan Participants

Direction of the Employer Premium Savings Contributions 7/1/11-6/30/2012  
AND for additional employee Health Savings Account contribution 7/1/11 through 12/31/2011

This election form should be filled out by all High Deductible Health Plan participants.

Nothing on this form is to be considered tax advice.

You must consult with your personal tax advisor on any personal income tax issues.

### 1. Employee Information

Name: \_\_\_\_\_ Employee I.D.#: \_\_\_\_\_

High Deductible Health Plan Coverage Type: Employee Only  Family

### 2. Employer Premium Savings Contribution

Please check one of the following:

- I am eligible for a Health Savings Account. Please deposit my employer premium savings contribution in a Health Savings Account. Be sure to also complete the Health Equity enrollment Form if you have not enrolled with them previously.
- I am ineligible for a Health Savings Account. Please deposit my employer premium savings contribution into a General Purpose Health Care Flexible Spending Account (FSA). Be sure to also complete the ASIFlex FSA enrollment form. Skip sections 3 and 4 of this form.

### 3. Employee HSA Contribution Worksheet

|   |             |
|---|-------------|
| 1. 2011 IRS Calendar Year Limit For HSA Contributions (Enter \$3050 if you elected employee only HDHP coverage or \$6150 if you elected Family HDHP coverage)         | 1. \$ _____ |
| 2. 2011 Catch-up Contribution (Enter \$1000 if you are over 55 years old)   | 2. \$ _____ |
| 3. 2011 Total allowable contribution (add items 1 and 2)  | 3. \$ _____ |
| 4. Contribution made by <u>Employee</u> between 1/1/2011 and 6/30/2011 (If you are unsure of what you elected last plan year, contact Human Resources)                | 4. \$ _____ |
| 5. Contributions made by <u>Employer</u> between 1/1/2011 and 6/30/2011 (If you participated in the HSA through NAPEBT for the entire period, enter <u>\$264.72</u> ) | 5. \$ _____ |
| 6. Employer Contribution for remainder of calendar year. (1/2 of \$332.16=\$166.08)   | 6. \$ _____ |
| 7. Total allowable employee contribution for 7/1/11-12/31/2011 (subtract items 4,5 & 6 from item 3)   | 7. \$ _____ |
| 8. Total desired employee contribution for 7/1/11-12/31/11 (must be equal to or less than item 7)   | 8. \$ _____ |

*Note: The calculations in this worksheet will not be applicable if your spouse also has a health savings account.*

4. Employee Acknowledgement/HSA Contribution Election

**Reminder:** To contribute to a Health Savings Account you must meet three criteria:

- 1) You must be covered by a HSA-qualified high deductible health plan (HDHP), and
- 2) You cannot be covered by another health plan, including Medicare, and
- 3) You cannot be claimed as a dependent on another individual's tax return.

The maximum employee contribution amount, combined with your NAPEBT employer contribution, cannot exceed the IRS stated maximums for the calendar year. Individuals age 55 and older can make additional catch-up contributions. Check the IRS guidelines for maximum contributions at [www.treas.gov](http://www.treas.gov) and click on Health Savings Accounts.

NAPEBT employers contribute a prorated amount each month (\$27.68) for each month you maintain HDHP coverage.

Your HSA contribution election will be deducted from your paycheck in equal amounts for the period of your election.

I would like to contribute the following amount to my Health Savings Account, through pre-tax payroll deductions:

\$ \_\_\_\_\_ for the remainder of calendar year 2011 ( \$ \_\_\_\_\_ per pay period)

- I authorize my employer to reduce my pay before taxes on a "per pay period" basis as indicated above.
- I understand my contribution election (if any) is for calendar year 2011 and that I can add, change or revoke my HSA contribution once annually and when given permission by the Human Resources Director in accordance with the Plan's HSA rules.
- I understand that my changes must be prospective in accordance with Internal Revenue Code (IRC) rules.
- I understand that my election contributions must comply with federal regulations and NAPEBT's internal plan guidelines.
- I understand that to avoid taxes, the reimbursement requests I will be submitting to my HSA account must be IRC eligible medical expenses and that I must not have been previously reimbursed for these expenses from insurance or any other source.
- I understand that I will need to make new elections for calendar year 2011.

5. Signature

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

Return this completed Employee Contribution Election form to your Human Resources Department before the enrollment deadline.

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*For internal employer use only*

Contributions reviewed and entered by \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_