

HOW TO ENROLL IN HEALTH SAVINGS?

*Complete the General Information section if you

****If you want to enroll the Health Savings Account, mark your option. If you want to enroll, you need to write down how much you are wanting to elect annually.**

*Sign & date the bottom



Election Form – Health Savings Account (HSA)

GENERAL INFORMATION:

Employee Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Social Security Number: _____ Date of Birth (MM/DD/YYYY): _____
Date of Hire (MM/DD/YYYY): _____

Health Savings Account

2019 HSA Election Maximums

HDHP Single Coverage - \$3,500 HDHP Family Coverage - \$7,000
Additional 'Catch-up' allowed for those 55 years of age or older - \$1,000

☐ I hereby elect to participate in the Health Savings Account

	Annual Election	Calendar Year	HDHP Coverage Level
Health Savings Account (HSA)	\$		<input type="checkbox"/> Single or <input type="checkbox"/> Family

AUTHORIZATION & ACKNOWLEDGEMENT:

The annual maximum is the applicable statutory maximum for my High Deductible Health Plan (HDHP) coverage type (i.e., single or family). The IRS may adjust this amount each year. Contributions are prorated based on the number of pay periods you will be covered under an HDHP. An exception to this rule allows participants with an HSA who are covered on December 1st to contribute the entire amount for the year. Your HSA contribution election can be changed prospectively, for any reason in accordance with the administrative provisions set forth by Human Resources.

By electing HSA benefits, I am certifying that I meet the requirements under Internal Revenue Code § 223 to be eligible to contribute to an HSA. I understand that:

- I must be covered by an IRS qualified HDHP to contribute to an HSA.
- I may not be claimed as a dependent on another individual's income tax return.
- I may not be covered by other medical coverage, including Medicare or my spouse's traditional medical Flexible Spending Account.
- HSA benefits cannot be elected in addition to health care flexible spending account reimbursements.

For more information about HSA eligibility requirements, see IRS Publication 969.

Employee Signature

Date

PNC Bank is the administrator of your Plan.

Please return this form to your Employer. This form is to elect the benefit only. You will be required to complete additional information to open your account. PNC Bank will send you an email notification to login and complete the paperwork when our system is ready.

*Pick which plan type
you want