

FORM B8



HEALTH SAVINGS ACCOUNT (HSA) - ENROLL

If you are enrolled in a High Deductible Health Plan (HDHP), you may also choose to enroll in an optional Health Savings Account. This form is to begin your enrollment, but you will be required to complete additional requirements to open your account through PNC Bank, who is the administrator of our plan. PNC Bank will send you an email notification to login and complete the paperwork once your enrollment has been started in their system.

If you do not return this form, you will not be enrolled. A form is required for each plan year.

Section One: Employee Information

Name (Last, First, Initial): _____

Social Security Number: _____ Date of Birth (MM/DD/YYYY): _____

E-mail Address: _____

Street Address (PO Boxes Not Allowed): _____

Section Two: Elections

I elect to participate in a Health Savings Account, and my HDHP medical insurance coverage level is:

Single Family

*For 2020, the maximum annual amount that HDHP participants are eligible to contribute to an HSA is **\$3,550** for **Employee Only coverage** and **\$7,100** for **Family coverage**. If you are age 55 or older, you may deposit up to \$1,000 additional annual "catch-up" contributions into your HSA (regardless of the coverage level you've elected).*

(select and complete only the one option that matches your enrollment)

Annual Enrollment – Annual Election Amount: \$ _____
 (divided by 26 pay periods to equal a per paycheck contribution of: \$ _____)

Mid Year Enrollment – Per Paycheck Election Amount for the remaining plan year: \$ _____

One-Time Lump Sum Contribution – I wish to make a single contribution of \$ _____ to my HSA account on a pre-tax basis. *I understand this will be deducted from my paycheck one time only for the 2020 tax year.*

Section Three: Authorization & Acknowledgements

- 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.
- It is my responsibility to determine (1) whether I am eligible to make contributions to my HSA, and (2) whether contributions to this HSA have exceeded the applicable maximum annual contribution limit. I am solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. I am also responsible for notifying the custodian (PNC Bank) of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution.

Employee Signature: _____ **Date:** _____