



HEALTH SAVINGS ACCOUNT ENROLLMENT FORM

01/01/2017 – 12/31/2017

In order to open and contribute to a H.S.A. account, you must be enrolled in a "High Deductible Medical Plan". Enroll and make contributions changes at any time during the year.

GENERAL INFORMATION:

Employee Name							
Company Name							
Employee Mailing Address							
City		State		Zip			
Email Address				Date of Birth (MM/DD/YYYY)			
Social Security Number				Date of Hire (MM/DD/YYYY)			

I hereby elect to participate in the Health Savings Account

Per Pay Period

Annual Election

Health Savings Account

\$ _____

or

= \$ _____

My pay schedule is

weekly

(52 pay periods)

bi-weekly

(26 pay periods)

semi-monthly

(24 pay periods)

monthly

(12 pay periods)

Annual limits for 2017:

Individual Coverage \$3,400

Family Coverage \$6,750

Catch-up Contributions allowed for those 55 and over \$1,000

Annual limits for 2018:

Individual Coverage \$3,450

Family Coverage \$6,900

Catch-up Contributions allowed for those 55 and over \$1,000

I am 55+ and would like to contribute in Catch-up contributions: \$ _____ (max \$1,000)

AUTHORIZATION & ACKNOWLEDGEMENT:

I understand that if requested, I must submit a claim and appropriate documentation (e.g. explanation of benefits, itemized bill) for out-of-pocket, Medical, Dental, Vision before I can be reimbursed. I certify that I will only submit claims for reimbursement under the Health Savings Account for eligible expenses incurred by myself or my eligible dependents, in accordance with the terms of the respective Health Savings Account Plan. I certify that I will not submit claims for reimbursement under the Health Savings Accounts for amounts that have already been reimbursed by another source nor will I seek reimbursement for such amounts from any other source.

Employee Signature		Date	
--------------------	--	------	--

BENEFITS USE ONLY							
Client Number	EE Number	# of Pay Periods	Amount Per Period	Date Entered EE Record	Date Entered CRM	Date Entered OptumBank	Entered By

800-400-1968 • Fax: 609-860-0400 • AbelHR.com
 2 Corporate Drive, Cranbury, New Jersey 08512-3604
 New Rochelle, NY • Santa Ana, CA