



Health Savings Account Enrollment Form

01/01/2020 – 12/31/2020

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

= \$ _____

Annual limits for 2020:

Individual Coverage \$3,550

Family Coverage \$7,100

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 AND 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	
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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

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