

2018 HEALTH SAVINGS ACCOUNT FORM

Employee Name _____ Clock # _____

This is a (check one): New Account account number must be listed below

ACCOUNT# _____

Change to an existing HSA

Maximum Employee Contribution Per Year - \$3450 (Single); \$6900 (Family)

Age 55 and older may contribute an additional \$1000 per year

I hereby authorize Union Hospital to reduce my earnings for the Plan Year by \$ _____
per pay x 24 pays for a total of \$ _____ for deposit into my Health Savings Account to
make this money available to me for reimbursement of out-of-pocket expenses.

Signature _____ Date _____

Note: Salary reductions are credited to your account or accounts on a bi-weekly basis. Your salary reduction is made on a pre-tax basis, in accordance with the IRS Section 125 Guidelines.

IMPORTANT REMINDER

Your Health Savings Account must be opened at the Dover-Phila Credit Union.

After you have opened the account, fill-out this form.

Return this form to the HR Department with documentation from the Dover-Phila Credit Union as to your account number for your HSA payroll deduction to be deposited.

We cannot process a deduction from your pay without the account information.