

## 2019 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 - \$3500 (Single); \$7000 (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.