HEALTHEZ®

MEDALLION MANOR

HSA Election Form

Employee Information (required)

First Name:	MI:	Last Name:	
SSN#:	Date of Birth:		
Address:	City:	State:	Zip:
Daytime Phone: ( )	Home phone: ( )	Email:	

Health Savings Account Contribution Limits

The 2018 annual HSA contribution limit for individuals with self-only HDHP coverage is $3,450, and the limit for individuals with family HDHP coverage is $6,900.

I authorize my employer to make the following salary reductions:

☐ **Health Savings Account:**

I elect to have $_____ deposited annually into my Health Savings Account.

I understand that by signing this Election Form I am authorizing any necessary pre-tax deductions required to pay for above elected benefit selections.

_____

Employee Signature Date

HealthEZ

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