

HEALTH SAVINGS ACCOUNT EMPLOYEE CONTRIBUTION ELECTION FORM

(To be completed and returned to your employer)

Employer Name: _____

ACCOUNT OWNER'S NAME AND ADDRESS

Last Name

First Name

Middle Initial

Street Address

State

Zip Code

City

Social Security No.

Date of Birth

Daytime Phone

Evening Phone

CONTRIBUTIONS

I wish to contribute \$_____ to my HSA account each pay period on a pre-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise.

I wish to make a single contribution of \$_____ to my HSA account on a pre-tax basis. I understand this will be deducted from my paycheck one time only for the tax year _____.

SIGNATURE

It is my responsibility 1) to determine whether I am eligible to make contributions to my HSA; and 2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

Account Owner

Date



An Independent Licensee of the Blue Cross and Blue Shield Association.

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