



Health Savings Account and Flexible Spending Account Enrollment Form

Follow these easy steps:

1. Complete all entries on this Enrollment Form. Please print.
2. Sign and date this form.
3. Submit it to your Human Resources Department

For Employer Use	
Date of Hire (MM/DD/YYYY)	<input type="text"/>
Benefits Effective Date (MM/DD/YYYY)	<input type="text"/>

Personal Information			
Employee Name (last name, first name)	<input type="text"/>	Social Security Number	<input type="text"/>
Street Address (cannot be PO Box)	<input type="text"/>	City, State, Zip Code	<input type="text"/>
Mailing Address (if different)	<input type="text"/>	City, State, Zip Code	<input type="text"/>
Day Time Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Date of Birth (MM/DD/YYYY)	<input type="text"/>	Enrollment Status	<input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

Health Savings Account Qualification
<p>Your Health Savings Account is your financial asset even if you change employers or health plans. To open a Health Savings Account you must meet three criteria:</p> <ol style="list-style-type: none"> 1) You must be covered by a qualified high deductible plan. 2) You cannot be covered by another health plan, including Medicare or Flexible Spending Account. (You may be covered by a Limited Use Flexible Spending Account or Limited Use Health Reimbursement Arrangement.) 3) You cannot be claimed as a dependent on another individual's tax return.

Health Savings Account (HSA)	Health Flexible Spending Account (FSA)	Dependent Care Assistance Plan (DCAP)
<input type="checkbox"/> Select HSA <input type="checkbox"/> Decline HSA Annual Employer Contribution <input type="text"/>	<input type="checkbox"/> Select FSA (if choosing both HSA and FSA, the FSA becomes limited use, covering dental & vision expenses only) <input type="checkbox"/> Decline FSA	<input type="checkbox"/> Select DCAP <input type="checkbox"/> Decline DCAP
I. Annual Employee Contribution (Not to exceed IRS contribution maximums*) <input type="text"/>	I. Annual Employee Contribution (Not to exceed IRS contribution maximum**) <input type="text"/>	I. Annual Employee Contribution (Not to exceed IRS maximum of \$5,000) <input type="text"/>
II. Number of regular pay periods <input type="text"/>	II. Number of regular pay periods <input type="text"/>	II. Number of regular pay periods <input type="text"/>
III. Contribution per pay period (I divided by II) <input type="text"/>	III. Contribution per pay period (I divided by II) <input type="text"/>	III. Contribution per pay period (I divided by II) <input type="text"/>

Authorization and Certification
<p>I understand that:</p> <ul style="list-style-type: none"> • I am authorizing my employer to reduce my compensation by the amount specified. This election will expire at the end of the plan year, and I must make a new election each year. • I am not permitted to change my FSA or DCAP elections during the plan year unless the change is due to and in accordance with certain recognized IRS regulations for change in status events. • I must report any administrative errors to my payroll administrator or HR department within 10 days of my first payroll deduction of the plan year. • Funds left in my DCAP at the close of the plan year will be forfeited. Funds left in my Health FSA may be forfeited, per plan rules. See plan documents for more details. <p>I will receive a ConnectYourCare Payment Card to access funds in my account. I certify that:</p> <ul style="list-style-type: none"> • The card will only be used for eligible medical and/ or dependent care expenses. • Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits.
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> _____ Employee Signature </div> <div style="width: 30%;"> <input type="text"/> Date </div> </div>

*HSA contributions are limited by the IRS. Contribution limits include both employer and employee contributions. The total combined contribution amount cannot exceed the maximum contribution limits. Individuals ages 55 or older (and not yet enrolled in Medicare) can make additional "catch-up" contributions of up to \$1,000 per person per year.

**Health FSA contributions are limited by the IRS. The limit is per person; a married couple may each contribute up to the specified limit.