

**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**