

HSA Payroll Election Form

Instructions

1. Use this form to elect your payroll contribution for your HSA. Use the HSA Contribution Form to make a normal, mistaken distribution, or rollover contribution to your HSA.
2. Return this completed form to your Human Resources Manager.
3. If you have any questions regarding contributing to your HSA, please call Erisa Trust at **(505) 216-7800**.

Accountholder Information

Last Name		First Name	Middle Initial	Date of Birth
Social Security Number	Telephone Number	Email Address		
Street Address				
City		State	Zip Code	

Contribution Information

You can change your payroll election throughout the year as needed. To make your initial election and to make future changes, please submit this form to your Human Resources Manager. All forms must be submitted at least 3 days before payroll is run to ensure enough time for processing the change.

Contributions over the cash minimum qualify to be invested and will be placed by default into an interest-bearing account. If you would like to change your investment allocation, you may do so by logging in to your account at <http://HSABYET.lh1ondemand.com>. Future contributions will be allocated according to your investment allocation instructions.

Enrollment Level: Individual Family Age 55+ Catch-up Contribution: Yes No

Elected Contribution Amount: \$ _____ Per Pay Period Annual

To determine your maximum election limit, use the following worksheet:

$$\frac{\text{IRS Maximum Limit}}{\text{Months Eligible}^*} \div 12 \times \text{Annual Limit} = \text{Annual Limit}$$

2018 Limits: Individual - \$3,450 Family - \$6,900 Catch-up Contribution (available if aged 55+) – additional \$1,000

*To be eligible, you must be enrolled in a qualifying health plan on the first day of the month and not enrolled in any disqualifying coverage such as Medicare, another person's nonqualifying health plan, or a regular FSA. More information about eligibility is available at www.erisa-trust.com.

Signature

I certify that I am the HSA accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold HSA Administrator or Healthcare Bank, a division of Bell Bank liable for any adverse consequences that may result. I have not received tax or legal advice from HSA Administrator or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by HSA Administrator and Healthcare Bank. If I have chosen rollover as the contribution type, I make an irrevocable election to treat this transaction as such.

Signature of HSA Accountholder

Date