

HEALTH SAVINGS ACCOUNT ENROLLMENT FORM
PLEASE COMPLETE THIS FORM AND SUBMIT TO YOUR EMPLOYER

Last Name _____ First Name _____

Social Security Number _____ Date of Hire _____

Date of Birth _____

Address _____ City _____

State _____ Zip _____ Phone (____) _____
☐ (Check Here if Mobile Number)

E-mail Address _____

Option I: Health Savings Account

Enter an **ANNUAL** PRE-TAX contribution election.

Single \$ _____

All Others \$ _____

Option II: Waiver of Tax Benefits

☐

I have been given the opportunity to enroll in these tax-savings plans and have declined to participate. I understand that I will lose all tax savings that I may have received as a participant.

Employee Last Name _____ First Name _____

For Employer Use Only

Effective Date: _____