



Section I - Participant Elections

Employee Name:			
Today's Date:		Plan Year:	

Please indicate the amount to be deducted from your paycheck and credited to your H.S.A account per pay period.
Note: Look at Regulatory limits for 2013 maximum individual and family contribution amounts

Annual Employee portion:	
Deduction per pay period: <i>(semi-monthly)</i>	
A one-time deduction for the amount of:	
Effective Date:	

Cancellation

	I would like to cancel my pay period contribution until further notice, effective on (date): _____
--	--

Section II - Employer Provided Information

Date of Hire:	
Effective Date of Participation:	

() I have been given the opportunity to apply for the H.S.A account and have voluntarily elected to decline the account. If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the account.

Section III - Certification and Authorization

As an eligible Participant in the above referenced account, I have received and read the information on the H.S.A account. I understand the benefits available to me and other rights and obligations, which I have under the account.

I authorize my employer to make the payroll deduction for the plan year shown above. I understand that the payroll deduction amounts elected above will be available for the medical expenses incurred during the year.

SIGNED _____
Participant

DATE _____

SIGNED _____
Authorized Employer Representative

DATE _____