



Health Savings Account ENROLLMENT FORM

Discovery Benefits Customer Service: 1-866-451-3399 • www.discoverybenefits.com

STEP 1: Account Holder Information

Employee/Account Holder Name (First, MI, Last):

Social Security Number

Physical Address (Cannot be P.O. Box), City, State, Zip Code

E-mail Address

Daytime Telephone Number

Date of Birth

Hire Date

STEP 2: HSA Election for Current Tax Year

Employee Contribution

Note: I understand that my Health Savings Account (HSA) will be set up effective the first day of the month following the date this worksheet is signed and that both employee and employer contributions (if appropriate) will be applied to my annual IRS maximum.

Per Pay Period Amount:

\$

HDHP Coverage Level (check one)

Single / Family

HDHP Coverage Date:

Note: There may be tax consequences if HSA contributions exceed the IRS governed limit. To determine the maximum HSA contribution for the current tax year, visit www.discoverybenefits.com.

STEP 3: Authorized Signature

By signing this application, I represent that: 1) I am covered under a high deductible health plan (HDHP); 2) I am not covered by any other health plan that is not an HDHP; 3) I am not enrolled in Medicare; 4) I cannot be claimed as a dependent on another person's tax return; 5) my spouse does not have a general-purpose HRA that I am also eligible to utilize; and 6) I will read and agree to the HSA Custodial Agreement and Disclosure Statement on the Discovery Benefits Participant Portal. I also understand that if my spouse is enrolled in a general-purpose FSA (a non-HDHP) I am not eligible to contribute to an HSA. I understand that my Health Savings Account will be set up effective the first day of the month following the date the Enrollment Application is signed. Further, I understand that my Health Savings Account cannot be effective prior to my HDHP coverage date.

Signature of Employee/Account Holder

Date

Contribution Maximums for 2018:

Single HDHP Coverage = \$3,450 • Family HDHP Coverage = \$6,850

Catch-up contributions (age 55 by the end of the year) = \$1,000

Not intended as tax advice. Questions regarding limits should be directed to your tax advisor.

H.R./Financial Operations Use Only:

____ Colleague Updated for PCT Employee -OR- ____ CAC/Retiree Contribution File Updated ____ DBI Portal Updated

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