



Formerly SelectAccount®

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
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Street Address

State	Zip Code	City
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Social Security No.	Date of Birth	Daytime Phone	Evening Phone
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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