HSA BANK
National Leader in Health Savings Accounts.
A Division of Webster Bank, N.A., Member FDIC

Health Savings Account (HSA)
Contribution Options & Salary Reduction Arrangement

By my signature below, I certify that I have enrolled, or plan to enroll in an HSA-compatible health plan and that I am not covered under any other plan that would disqualify me from opening or contributing to my HSA. I understand that this form is provided for convenience purposes and that HSA Bank will not initiate contributions to my HSA, but will allow my employer or their authorized agent to initiate contributions to my account. I understand I may change this election quarterly.

***OPTION ONE**

I do not want to contribute to my HSA through a pre-tax salary reduction. I understand that I can make after-tax contributions to my HSA online through internet banking (https://secure.hsabank.com/ibanking/) or by mailing a check with a contribution form.

OR

***OPTION TWO**

I elect to contribute to my HSA with a pre-tax salary reduction through my employer's Section 125 Cafeteria Plan and authorize my employer to deduct the amounts as indicated from my salary and forward the funds to HSA Bank to deposit in my HSA.

Please deduct $_____ from my weekly pay effective _____.

Leaving the date blank authorizes the Town to determine the date on your behalf.

NOTE: Your Total Annual Employee Election along with contributions from any other sources, including your employer, may not exceed the Annual Maximum Contribution amount set by the IRA. Contribution limits for the current tax year can be found at: www.hsabank.com or by visiting the IRS site at: www.irs.gov

Employee Name_____

Employee Signature_____**Date**_____

Please return this form to: Town of East Hartford Human Resources, 740 Main Street, East Hartford CT 06108. For assistance, call Sandy Franklin 860-291-7223, Monday – Friday, 8:30 a.m. – 4:30 p.m. or email sfranklin@easthartfordct.gov