



Health Savings Account (HSA) Change Form

Section 1: Employee Information

Name: _____ Employee ID Number: _____

Section 2: Action Request

- STOP** my HSA payroll contributions.
- START** my HSA payroll contributions.
- CHANGE** my HSA payroll contribution amount.

Section 3: HSA Payroll Deductions

IRS Contributions Limits for 2020 Calendar Year:	Single Coverage* \$3,550	Family Coverage* \$7,100	Over 55 Catch-Up \$1,000
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- I elect to contribute \$_____ per period
- I elect to make a one-time lump sum deduction of: \$_____

Section 4: Effective Date

Next available pay date **OR** Future Pay Day: ____ / ____ / ____

Section 5: Acknowledgement & Signature

Employee Authorization: I hereby authorize the salary reduction for the Health Savings Account by the amounts indicated above. By my signature below, I agree to the Terms and Conditions as listed on the reverse of this form. **IMPORTANT:** We cannot process your HSA changes without your signature. By signing I agree that we can rely on your signature for authorization of withdrawals or other transactions on your account.

Employee Signature

Date

By signing, I acknowledge and certify that:

- I must be enrolled in one of the District's qualified high deductible health plans in order to enroll in a health savings accounts.
- I cannot be enrolled in another non-high deductible health plan while participating in the Health Savings Account.
- Participation in the Health Savings Account (HSA) means that my gross pay will be reduced by the amounts contributed to the account before federal, state, and FICA taxes are deducted.
- Expenses for which I am reimbursed cannot be deducted on my federal and state income tax returns.
- I cannot be claimed as a dependent on someone else's tax return
- I am responsible for managing and directing the Health Savings Account and for documenting the use of the Health Savings Account funds in the event of an IRS audit.
- I understand that when I enroll in one of the qualified high deductible health plans with health savings accounts, I will be eligible for a Limited Flexible Spending Account (FSA).
- I have read and agree to the Plan provisions in the Mesa Unified School District #4 Employee Benefit Trust Summary Plan Description (SPD).
- I wish to establish a health savings account ("HSA") with HSA BANK as custodian.
- I understand the eligibility requirements for deposits made to my HSA and state that I qualify to make deposits to this account. I have reviewed this information, and understand and agree that my HSA will be opened under and governed by HSA BANK's Custodial and Deposit Agreement and that the terms and conditions therein will be binding on me. This document will be sent to me when my account is opened, along with HSA BANK's Privacy Policy and Schedule of Fees.
- I authorize HSA BANK to provide information about my HSA, including my account number, to my employer (if applicable) and those acting on behalf of my employer or HSA BANK (if applicable), in connection with the establishment and maintenance of my HSA.
- I acknowledge that my employer and all others acting on behalf of my employer (if applicable), may provide information on my behalf to establish and maintain my HSA and authorize my employer and its designee to take such action deemed necessary and appropriate by my employer to administer my HSA, including but not limited to, making deposits and correcting errors where necessary.
- I understand my monthly account statements will be made available to me electronically. I agree to notify HSA BANK if I wish to have statements mailed to my home address.
- I will receive a MasterCard Prepaid Debit Card once my account is approved.
- I certify that the information provided in this application is true and complete.

PER THE USA PATRIOT ACT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When your account is opened, you will be asked for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.