

# US BANK HEALTH SAVINGS ACCOUNT

## Payroll Election Form

Revised 10.08

Name: Last, First, Middle Initial

SSN

Today's Date

Street Address

DOB

City

State

Zip Code

For Associates electing an US Bank Health Savings Account for the **FIRST** time: Complete this form to establish your first contribution.\* This will be reflected in Payroll as soon as administratively possible.

After your first payroll deduction, you will receive account information from US Bank in the mail. This will include your US Bank Account Number.\*\*

When you establish your payroll deferral, you may also choose to record the total amount you wish to contribute for the year, by recording an Annual Goal Amount. Once this amount is reached through payroll deduction, the deductions will stop automatically.\*\*\*

Per Pay Period Deferral: \_\_\_\_\_ Effective Date for this election \_\_\_\_\_

Annual Goal Amount: \_\_\_\_\_(optional)

Change to your current per paycheck election: You may change your current payroll deduction at any time. This change will be reflected in Payroll as soon as administratively possible.

US Bank Account Number: \_\_\_\_\_ Per Pay Period Deferral: \_\_\_\_\_

Annual Goal Amount: \_\_\_\_\_(optional) Effective Date for this election \_\_\_\_\_

Stop the per paycheck election: You may stop your current payroll deduction at any time. This change will be reflected in Payroll as soon as administratively possible.

US Bank Account Number: \_\_\_\_\_ Per Pay Period Deferral: \_\_\_\_\_

I want to stop my current payroll deduction effective on this date: \_\_\_\_\_

### **Please read, sign and date this form:**

I authorize the pre-tax reduction of my salary, or the discontinuation of my pre-tax reduction of my salary, on a per paycheck basis as designated above. I understand that this election takes the place of any current elections in force on my HSA deferral.

I understand that any withdrawals/distributions made from my HSA for health care expenses incurred prior to the establishment of my HSA or for other non-qualified types of expenses will be **taxable** and may be subject to additional penalties in accordance with IRS regulations. I further understand that it is solely my responsibility to report these withdrawals/distributions to the IRS.

Signature : \_\_\_\_\_

Signature Date: \_\_\_\_\_

**Please Read  
Important Information:**

*\*Eligibility for a Health Savings Account is based on when you are enrolled in a Qualified High Deductible health plan and have no other medical coverage (ex: Medicare, Tricare, Medical Flexible Spending Accounts, etc.) Determining eligibility is your obligation. Do not submit this form until you are eligible to contribute to an HSA.*

*\*\*Read any information you receive from US Bank carefully. Opening an US Bank account is an agreement you are making with the bank. There are fees associated with this account that are the responsibility of the accountholder. You may elect to make after-tax contributions to your account but this is not required. Your first payroll deduction, established by completing and submitting this form, can be your first contribution to the account.*

*\*\*\*If eligible for the HSA, the maximum contribution you may make to your HSA is \$3000/individual coverage and \$5950 if you insure dependents. The maximum contribution is allowed regardless of when you are eligible for, or open, the Health Savings Account.*

*Catch up contributions are allowed for individual's age 55 (or who turn age 55 during the calendar year, regardless of your actual birth date) and older. You may make the maximum catch up contributions regardless of when you are eligible for, or open, the HSA. Catch up contributions are limited to a maximum of \$1000 for 2009.*

*Since your contribution limits may be specific to your circumstances, we recommend you contact a Tax Advisor to verify your limits. As an accountholder you may contribute to your health savings accounts through gifts and other after tax contributions. Therefore, CBIZ is only able to monitor the contributions you make through payroll deduction. You should consider the total of other contributions to your account before electing an Annual Goal Amount. Refunds from US Bank are the responsibility of the participant and may include fees.*

*This form reflects changes allowed by the Tax Relief & Health Care Act of 2006, passed on December 9, 2006. The effective date of these changes is January 1, 2007.*

Member: Please fax this form to the Payroll Specialist for your location.

Payroll Specialist: Please execute this election in M3 and retain for file.