

ENROLLMENT FORM

Employee Name (please print): _____

UH ID#: _____ Email Address: _____ @hartford.edu

Home Address: _____
 Street City State Zip Code

BY THIS AGREEMENT, made between the employee named above (the "Employee") and the University of Hartford (the "Institution"), the parties hereto agree as follows:

Effective on the date this agreement has been signed, the Employee elects to participate in an HSA and authorizes the Institution to deduct the elected amount on a pre-tax basis per-pay as identified below. In addition, the Institution will deposit pre-determined contributions into the Employee's HSA.

Health Savings Account (HSA)

If you elect a deductible-based plan (**DBP or HDBP**) you may set aside an annual election of up to **[\$3,550]** (single) and **[\$7,100]** (family) per IRS guidelines deducted from your paycheck pre-tax and deposited directly into your HSA. The Institution will contribute into your HSA (based on your plan and coverage category election). These employer dollars count towards the IRS limit(s).

For employees age 55 and older, an additional catch up contribution of \$1,000 can be contributed and can be included in the total election identified below.

Are you or will you be enrolled in Medicare or receiving Social Security Income in 2020: Yes No

Please check your number of pay periods in the Plan Year: 20 24 26

HSA Account Type	University Contribution	Employee Per Pay Election	Employee Total Annual Election
<input type="checkbox"/> Individual	<input type="checkbox"/> \$750 (DBP)		
	<input type="checkbox"/> \$1,200 (HDBP)		
<input type="checkbox"/> Family	<input type="checkbox"/> \$1,500 (DBP)		
	<input type="checkbox"/> \$2,400 (HDBP)		
GRAND TOTAL *			

I understand that I can modify my per-pay contributions into my HSA at any time during the calendar year but that the **total election noted above*** cannot exceed the statutory contribution maximum allowance as defined under applicable IRS guidelines. My signature below indicates that I have read and understand this election form and the descriptive material(s) provided. I acknowledge that I have been provided access to the PayFlex Fee Schedule and PayFlex HSA Custodial Agreement which contains important disclosure information about enrollment in a HSA. Further, I have been provided the necessary authorization that will enable PayFlex to open and administer a PayFlex HSA on my behalf.

Employee Signature

Date

Human Resources Development Representative

Date

HRD USE ONLY:	<input type="checkbox"/> PDAEDN (initials): _____ Date: _____	Audit Completed by (initials): _____
	<input type="checkbox"/> Total annual election(s) entered into reference field	Date: _____
	<input type="checkbox"/> Combined Limit Field Updated	
	<input type="checkbox"/> Updated PayFlex with file	