

Employee Name (please print): _____

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

of Pay Periods in the Plan Year: 20 24 26

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 a HSA and authorizes the Institution to deduct the elected amount on a pre-tax basis as identified below. In addition, the Institution will contribute a pre-determined per-pay value into the Employee's HSA.

<input type="checkbox"/> <u>INDIVIDUAL ACCOUNT</u>	UNIVERSITY CONTRIBUTION	Total
HDBP Annual Contribution	Not to exceed \$1,200 if annualized per calendar year	_____
DBP Annual Contribution	Not to exceed \$750 if annualized per calendar year	_____
	EMPLOYEE CONTRIBUTION	# of Pays
Employee Contribution	YTD Contribution: _____	Total
Pay date: _____	Revised amount: _____ X	_____ = _____
Pay date: _____	One-time addition: _____	_____ = _____
Pay date: _____	One-time addition: _____	_____ = _____
	Employee total	= _____
	Total Institution and Employee Election =	_____

Note: Annual IRS maximum = \$3,600, which includes the Institution's contribution. Academic Year Employer contributions will be pro-rated. New enrollees will receive pro-rated employer contributions based on date of eligibility.

<input type="checkbox"/> <u>FAMILY ACCOUNT</u>	UNIVERSITY CONTRIBUTION	Total
HDBP Annual Contribution	Not to exceed \$2,400 if annualized per calendar year	_____
DBP Annual Contribution	Not to exceed \$1,500 if annualized per calendar year	_____
	EMPLOYEE CONTRIBUTION	# of Pays
Employee Contribution	YTD Contribution: _____	Total
Pay date: _____	Revised amount: _____ X	_____ = _____
Pay date: _____	One-time addition: _____	_____ = _____
Pay date: _____	One-time addition: _____	_____ = _____
Pay date: _____		_____ = _____
	Employee total	= _____
	Total Institution and Employee Election =	_____

Note: Annual IRS maximum = \$7,200 which includes the Institution's contribution). Academic Year Employer contributions will be pro-rated. New enrollees will receive pro-rated employer contributions based on date of eligibility.

FOR EMPLOYEES AGE 55 AND OLDER, PER IRS GUIDELINES AN ADDITIONAL \$1,000 CATCH UP CONTRIBUTION CAN BE INCLUDED IN THE TOTAL INSTITUTION AND EMPLOYEE ELECTION IDENTIFIED ABOVE.

I understand that I can modify my per-pay contributions into my HSA at any time during the calendar year but that the **total Institution and Employee 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.

Employee Signature

Date

Agreed and accepted by
University of Hartford Human Resources Department Representative

Date

HRD USE ONLY: [] PDAEDN (HRD initials): _____ Date: _____
[] Total annual election(s) entered into reference field
Audit Completed by (HRD initials): _____ Date: _____