

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"/> <b>INDIVIDUAL ACCOUNT</b>	<b>UNIVERSITY CONTRIBUTION</b>	<b>Total</b>
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	_____
	<b>EMPLOYEE CONTRIBUTION</b>	<b># of Pays</b>
<b>Employee Contribution</b>	<b>YTD Contribution:</b> _____	<b>Total</b>
Pay date: _____	Revised amount: _____ X	= _____
Pay date: _____	One-time addition: _____	= _____
Pay date: _____	One-time addition: _____	= _____
	<b>Employee total</b>	<b>= _____</b>
<b>Total Institution and Employee Election =</b>		<b>_____</b>

Note: Annual IRS maximum = \$3,550, 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"/> <b>FAMILY ACCOUNT</b>	<b>UNIVERSITY CONTRIBUTION</b>	<b>Total</b>
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	_____
	<b>EMPLOYEE CONTRIBUTION</b>	<b># of Pays</b>
<b>Employee Contribution</b>	<b>YTD Contribution:</b> _____	<b>Total</b>
Pay date: _____	Revised amount: _____ X	= _____
Pay date: _____	One-time addition: _____	= _____
Pay date: _____	One-time addition: _____	= _____
Pay date: _____		
	<b>Employee total</b>	<b>= _____</b>
<b>Total Institution and Employee Election =</b>		<b>_____</b>

Note: Annual IRS maximum = \$7,100 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: \_\_\_\_\_