

**INITIAL 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 a 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 [\$3,500] (single) and [\$7,000] (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 2019:  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)		
<b>GRAND TOTAL *</b>			

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 provided the necessary authorization that will enable PayFlex to open and administer a PayFlex HSA on my behalf.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agreed and accepted by Human Resources Development Representative

\_\_\_\_\_  
Date

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