

Health Savings Account (HSA) Election/Change Form: 2019-2020

S# _____

Note: The HSA is only available to employees enrolled in the Anthem High Deductible Health Plan

This agreement is designed to allow an employee to convert a portion of his/her taxable earnings to a tax-free benefit status, pursuant to a Code Section 125 plan.

LIMITATIONS:

- The HSA is only available to employees enrolled in the Anthem High Deductible Health Plan (HDHP)
- Employees CANNOT be enrolled in a health care Flexible Spending Account (FSA) and an HSA in the same plan year
- Employees with access to FSA rollover dollars from plan year 2018/2019 are not eligible to participate in an HSA during plan year 2019/2020
- Employees who are eligible dependents on another FSA (as a spouse or a child) are not eligible for this HSA

IMPORTANT INFORMATION:

- All employees enrolled in Anthem's HDHP will automatically have an ActWise HSA opened on their behalf through Anthem, but are under no obligation to fund it. Employees automatically enrolled in the Anthem ActWise HSA may close the account at any time.
 - HSA contributions will be taken pre-tax through the ActWise account provided by Anthem. **OR**, contributions can be taken post-tax via direct deposit to a bank of the employee's choosing (see your Human Resources Dept for a direct deposit form)
- Contributions must be dollar amounts only (no percentages), with an annual maximum contribution of \$3,500 (individual), or \$7,000 (family)
- Contributions will not be withheld for any pay period in which the employee receives no pay
- Termination of employment or eligibility with this employer terminates this agreement
- Other limitations may apply. Please reference the Employee Benefit Guide or contact your Human Resources Dept. for additional information

Employee Demographic Information

First Name: _____ Last Name: _____ Campus: _____

Contribution Status

Select one of the options below:

- I elect to **START** pre-tax HSA contributions, and understand my funds will be managed through Anthem's ActWise HSA program. I also understand ActWise charges a \$2.25 per month fee for account maintenance which will be deducted directly from my HSA account.

Start date: _____ \$ _____ per pay period x _____ # pay periods* = \$ _____ per plan year**

- I elect to **CHANGE** my pre-tax HSA contributions effective _____ to \$ _____ per pay period**

(Date)

****Maximum contribution is \$3,500 (single) or \$7,000 (family) per plan year**

- I elect to **STOP** my pre-tax HSA contributions effective _____

(Date)

Acknowledgement

I have read and understand the benefit options available to me and choose the election(s) noted above.

Employee Signature: _____ Date: _____