

## HSA PAYROLL DEDUCTION FORM

### INSTRUCTIONS

1. **Review The Maximum Contribution Guidelines:** Review the Maximum Contribution Guidelines to assist you in determining the maximum amount you may contribute to the HSA for the current calendar year.
2. **Submit this form** to your HR department and keep a copy.
3. **Look in your mail for your Debit Card & Welcome Kit:** You will receive 2 separate items in the mail. A debit Card to access your HSA funds and a Welcome Kit from Mellon Bank. Please read these materials carefully.
4. **Activate Your Account: IMPORTANT NOTE:** You must activate your account prior to any contributions being posted to your account or using your debit card. Your Welcome Kit has instructions to complete the activation process. You may complete the electronic activation option to activate your account or you may return the Signature Card included in the Welcome Kit to activate your account, activate your debit card and receive checks to access your funds.

### Maximum Contribution Guidelines

- The maximum Health Savings Account (HSA) contribution is \$2,900/single and \$5,800/family for 2008 and \$3,000/single and \$5,950/family for 2009.
- Full year contributions for individuals who enroll in an HDHP mid year are permitted, provided certain conditions are satisfied.
- Employees over age 55 are permitted to contribute an additional \$900 per year for 2008 and \$1,000 per year for 2009.

NOTE: Your maximum annual contribution is the total of all contributions from your employer and payroll deductions.

### HSA Payroll Deduction Contributions

<input type="checkbox"/> Healthcare Savings Account	\$_____ Employer Contribution \$_____ Employee Contribution
As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan and that the above deductions, if any, will be made on a pre-tax basis. I certify that I am enrolled in a qualified high deductible health insurance plan and am not eligible to receive any benefits under another health plan or general purpose FSA. I also agree to acquire and retain sufficient documentation for any expenses paid with HSA funds including invoices and receipts where appropriate.	
_____ <b>Employee Signature</b>	_____ <b>Date</b>