

# HEALTH SAVINGS ACCOUNT (HSA) AUTHORIZATION FORM

## INSTRUCTIONS

1. You must be enrolled in an HSA-qualified health plan to enroll in a Health Savings Account.
2. Complete this form if you want to enroll, change or terminate your HSA deductions.
3. If enrolling for the FIRST time, if during Open Enrollment, your HSA account will be effective June 1<sup>st</sup> of the current year. If New Hire, your HSA account will be effective the 1<sup>st</sup> of the month following your 30 days of hire.
4. Fill out the form in its entirety, SIGN and DATE.

## EMPLOYEE INFORMATION

Last Name	First Name	M	Employee #
Date of birth	Company Name	Phone Number	Email

Enrollment Type	Deduction Amount
<input type="checkbox"/> New Enrollment	I elect to enroll for a lump sum of: \$ _____ per pay period not to exceed \$3,500 for <b>Individual</b> or \$7,000 for <b>Family</b> in a Calendar Year (January – December). <i>(There is a catch-up available of \$1,000.00 more for 55 and older in the calendar year.)</i>
<input type="checkbox"/> Change in Enrollment	
<input type="checkbox"/> Terminate Enrollment	

If you have any questions, please contact your Human Resources Department at 1-817-850-3600.

## AUTHORIZATION AND SIGNATURE

By my signature below, I agree that my salary will be reduced by 3Twenty Three Personnel, LLC for the dollar amount elected herein and placed into my HSA Savings Account.

Employee Signature	Date
--------------------	------