



Health Savings Account (HSA)
2017 Employee Contribution Enrollment Form

Complete this form and return it to the Conference Benefits Administrator. This form must be completed for each plan year. Fax to 502-371-1081 or email to cdoll@kyumc.org.

Employee Information

Plan Sponsor: Kentucky Conference Board of Pensions and Health Benefits

Employee Name _____

Street Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Employee Contribution Elections

I elect to participate \$_____ per month x 12 = \$_____ Plan Year Total

I elect to waive participation

Employee Certification

- I understand to be eligible to open and contribute to an HSA, I must be covered by a High Deductible Health Plan (HDHP) and not Medicare-eligible.
- I understand that I may make a change to my payroll deduction at any time by completing a new enrollment form. Changes can only be made prospectively and will go into effect the 1st day of the month following receipt of the amended agreement.
- I understand the employer contribution to my HSA for 2017 will be \$750 for single coverage and \$1,500 for family coverage.
- I understand that Under IRS Revenue Procedure 2012-36, the maximum contribution (employer + employee) that can be made to an HSA in 2017 will be \$3,400 for employees with single coverage and \$6,750 for employees with family coverage (family coverage is any coverage of one or more dependents).
- I understand if I am age 55 or older and not enrolled in Medicare, I am eligible to contribute an additional \$1,000 above the regular limits (called a catch-up contribution).
- I understand that if I have money left in my HSA at the end of the plan year, the balance will roll over into the next year.

Employee Signature

Date

For Employer Use Only

SPU	Effective Date	Entered in MC	Initial
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