

## ENROLLMENT FORM — HEALTH SAVINGS ACCOUNT (HSA) October 1, 2018 - September 30, 2019

### GENERAL INFORMATION

Employee Name:

Mailing Address:

City:

State:

Zip:

Email:

Social Security Number:

Status:      FT Classified      PT Classified      FT Exempt      FT Faculty      Benefits-eligible Adjunct Faculty

Date of Hire (MM/DD/YYYY):

Date of Birth (MM/DD):

#### 2018 HSA ELECTION MAXIMUMS

HDHP Single Coverage - \$3,450

HDHP Family Coverage - \$6,900

#### 2019 HSA ELECTION MAXIMUMS

HDHP Single Coverage - \$3,500

HDHP Family Coverage - \$7,000

*Additional 'Catch-up' allowed for those 55 years of age or older - \$1,000*

I hereby elect to participate in the WageWorks Health Savings Account (HSA) for the 2018-19 plan year.

	Per Pay Period	# Pay Periods	Annual Election
<b>Health Savings Account (HSA)</b>	\$ <input type="text"/> <input type="text"/>	X <input type="text"/> <input type="text"/> <input type="text"/>	= \$ <input type="text"/> <input type="text"/> <input type="text"/>

### AUTHORIZATION & ACKNOWLEDGEMENT

There is a monthly administrative fee of \$2.00/mo that will be deducted by RCC on a pre-tax basis. The annual maximum is the applicable statutory maximum for my High-Deductible Health Plan (HDHP) coverage type (i.e., single or family) as set forth by the IRS. The IRS may adjust this amount each year. Contributions are prorated based on the number of pay periods you will be covered under an HDHP. An exception to this rule allows participants with an HSA who are covered on December 1 to contribute the entire amount for the year. Your HSA contribution election can be changed for any reason each month. Although the OEGB plan year runs October-September, the IRS maximums are based on a calendar year. Please keep in mind that the limits above reflect both your own contribution (if applicable) and any contribution from RCC.

*Full-time Classified, Exempt, and Faculty employees who enroll in Moda Evergreen/Fir will receive employer contributions into their WageWorks HSA based on medical plan tier as follows: \$200/month (EE+Sp, EE+Ch, FF) or \$100/month (EE only). Part-time Classified employees enrolled in Moda Evergreen/Fir will receive \$100/month in employer HSA contributions regardless of their tier of coverage.*

By electing HSA benefits, I am certifying that I meet the requirements under Internal Revenue Code § 223 to be eligible to contribute to an HSA. I understand that:

- I must be covered by an IRS qualified HDHP to contribute to an HSA. Moda Evergreen is OEGB's qualified HDHP.
- I may not be claimed as a dependent on another individual's income tax return.
- I may not be covered by other medical coverage, including Medicare or my spouse's healthcare Flexible Spending Account.
- HSA benefits cannot be elected in addition to healthcare Flexible Spending Account reimbursements except in the case of a limited-purpose healthcare FSA.
- For more information about HSA eligibility requirements, see IRS Publication 969.

Employee Signature

Date