

HSA ENROLLMENT INFORMATION

APPLICANT INFORMATION

EMPLOYER		HIRE DATE	PLAN EFFECTIVE DATE	<input type="checkbox"/> NEW ENROLLMENT	<input type="checkbox"/> 2015 Plan Year
				<input type="checkbox"/> CHANGE	<input type="checkbox"/> 2014 Plan Year
EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)			DATE OF BIRTH	SOCIAL SECURITY NUMBER	
STREET ADDRESS			CITY	STATE	ZIP CODE
PHONE NUMBER		EMAIL ADDRESS			
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	MOTHER'S MAIDEN NAME		MARITAL STATUS <input type="checkbox"/> Unmarried <input type="checkbox"/> Married	COVERAGE LEVEL <input type="checkbox"/> Single <input type="checkbox"/> Family	
PREFERRED REIMBURSEMENT METHOD <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit			PAYROLL FREQUENCY <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		
BANK NAME (IF DIRECT DEPOSIT IS SELECTED)			ACCOUNT NUMBER	ROUTING/TRANSIT NUMBER	
CITY			STATE	ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
DEBIT CARD <input type="checkbox"/> Yes <input type="checkbox"/> No	SPOUSE DEBIT CARD <input type="checkbox"/> Yes <input type="checkbox"/> No	SPOUSE NAME		SPOUSE DATE OF BIRTH	

HEALTH SAVINGS ACCOUNT ELECTION

MY PAYROLL CONTRIBUTION IS TO BE IN THE AMOUNT OF: \$ _____ PER PAYROLL DEDUCTION			FOR A SPECIAL PAYROLL DEDUCTION ARRANGEMENT, PLEASE EXPLAIN: Note: This election remains in effect until the end of the plan year unless changed. Changes may be made online or by submitting a new HSA Enrollment Information form. A new election must be made at annual enrollment for the next plan year.
2015	Individual Coverage	Family Coverage	
Annual Maximum	\$3,350	\$6,650	
Catch-up Contribution (55 or older)	\$1,000	\$1,000	

ACKNOWLEDGEMENT AND SIGNATURE

This enrollment form is to open or change an existing Health Savings Account that is used to accumulate assets for the payment of qualified healthcare expenses. Your Health Savings Account is your financial asset even if you change employers or health plans. To open a Health Savings Account you must meet three criteria: 1) You must be covered by a qualified high deductible health plan, 2) You cannot be covered by another health plan, including Medicare and 3) You cannot be claimed as a dependent on another individual's tax return.

By signing my name below, I understand and acknowledge that:

I have read and understand the accompanying HSA Custodial Agreement and Disclosure Statement and agree to be bound by those terms and conditions. I understand the eligibility requirements for this HSA and I state that I am responsible for determining whether I qualify to make deposits to this HSA. I am responsible for:

- a. determining that I am eligible to make contributions to an HSA for each year I make a contribution;
- b. ensuring that all contributions are within the maximum limitations set forth by the tax laws, taking into account my coverage under a high deductible health plan;
- c. the tax consequences of any contributions (including rollover contributions) or distributions; and
- d. seeking the assistance of a qualified tax or legal professional to address any questions or concerns I may have about eligibility, contribution limitations, or the taxation of contributions or distributions from my HSA.

EMPLOYEE SIGNATURE	DATE
PLEASE SEND COMPLETED FORM TO: MAIL: Conservation Employees' Benefits Plan P.O. Box 507 Jefferson City, MO 65102-0507 E-MAIL: HRBenefits@mdc.mo.gov FAX: 1-573-751-9099	