

**2016 HSA Setup Form**

Employer Flexible HR

Attn: Benefits

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<b>Employee Name:</b>	<b>Last 4 digits of SSN:</b>
<b>Company:</b>	

**What account will you be using for your HSA plan?**Please select **one** of the following:

☐ Please enroll me at HSA Bank through the Employer Flexible group account.  
Account Number: \_\_\_\_\_ (if available)

☐ I have my own HSA account that I would like to use.  
Name of Banking Institution: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

**How much would you like to contribute?**Please select **one** of the following:

☐ I would like to contribute \$\_\_\_\_\_ each pay period until I reach my annual contribution amount. \*\*

☐ I would like to contribute a *total* \*\* amount of \$\_\_\_\_\_ distributed over \_\_\_\_\_ pay period(s).

☐ I do not want to contribute to my HSA account at this time.

Depending on the enrollment tier you've elected, you have the option to contribute up to the following amount for the 2015 calendar year:

- Employee Only: - \$3,350 \*\*
- Employee + 1 or more: - \$6,750 \*\*
- Catch Up Contribution - If you are 55 years or older, you can contribute an additional one time amount of \$1,000.

\*\* If your employer has elected to make contributions into your HSA account on your behalf, the sum of your contribution and your employer's contribution cannot exceed the annual amount.

**Employee Signature****Date**

I hereby authorize Employer Flexible HR, herein referred to as Employer / Company, to initiate deductions from my paycheck to make credit entries (deposits) to my HSA account. It is my responsibility to provide accurate data and to notify Employer Flexible of any changes or corrections to my financial institution account information or desired deduction amount. I understand that any new or changed deductions, may take up to two weeks from Employer Flexible HR's receipt of this form to take affect. I understand that Employer Flexible reserves the right to reverse direct deposit of funds paid in error. I understand that it is my responsibility to verify funds deposited into my designated account(s) prior to performing transactions on expected funds. Employer Flexible is not responsible for insufficient funds charges posted to my HSA account due to errors in electronic funds transfer.