

2019 Health Savings Account Election

New Enrollment Change Existing

Employee Name: _____

Employee ID: _____

Per pay deduction: \$ _____

I request the above amount be deducted from my pay on a per pay basis up to the H.S.A. IRS limits. The limits for 2019 are \$3,500 for employee only and \$7,000 for family. Limits include any contributions made by NAFCS to your account. Add \$1000 catch up if you are 55 years or older.

*If you are 65 or older you are not eligible to contribute or have contributions to an H.S.A.

Employee Signature: _____

Date: _____