



Full Service Health Savings Account (HSA) Enrollment, Payroll Deduction Election, and Direct Deposit Form

Section 1 - Enrollment

Group Number	Employer Name	Social Security Number
Employee Last Name	First Name	Middle Initial
Employee Address		City
		State
		Zip Code
*** COMPLETION OF THE FOLLOWING INFORMATION IS REQUIRED ***		
Home Phone Number ____ - ____ - _____	Work Phone Number ____ - ____ - _____	Marital Status – Check One: <input type="checkbox"/> Single <input type="checkbox"/> Married
Date of Birth: ____ / ____ / ____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Identification Type – Check One: <input type="checkbox"/> Drivers License <input type="checkbox"/> Government Document <input type="checkbox"/> Government ID <input type="checkbox"/> State ID <input type="checkbox"/> Student ID <input type="checkbox"/> Alien ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Pending Verification		
Identification Number:	Identification Issuing Entity: (Example: DOT, Employer Name, School Name)	
Identification Issue Location (State):	Identification Issue Date ____ / ____ / ____	Identification Expiration Date ____ / ____ / ____

I authorize Total Administrative Services Corporation, hereinafter called TASC, to act on my behalf to transact the designated debit and credit entries in the Health Savings Account established in my name. I request the following amount(s) to be deducted pre-tax from my payroll:

	Annual Benefit Amount *	÷	# of Payrolls	=	Per Payroll Amount
Employee HSA Contribution	\$ _____	÷	_____	=	\$ _____
Employer HSA Contribution	\$ _____	÷	_____	=	\$ _____

* See the HSA Participant Reference Guide for more information.

I hereby authorize TASC, to facilitate credit entries to the account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. **I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.**

Section 2 – Personal Account Information (REQUIRED for the Full Service HSA)

Financial Institution Name	Branch
Address	City
	State
	Zip Code
Account Routing Number	Account Type: (one must be checked) Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/> _____
	Account Number

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THE ENROLLMENT FORM.

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Section 3 – Authorization (Please read very carefully)

This authority is to remain in full force and effect until TASC has received written notification from me of its termination in such time and manner as to afford TASC and my FINANCIAL INSTITUTION a reasonable opportunity to act on it.

I certify the above information to be true to the best of my knowledge. I have read the information on the HSA Guide to Enrollment, and understand and agree to the terms and conditions stated within it. I agree to have my compensation reduced by the deduction amount(s) stated above. I further understand that the Health Savings Account deduction will be in effect until I cancel or terminate my participation, annual renewal of the HSA is unnecessary, and I may make changes at any time to my HSA contribution. Furthermore, I give TASC the authorization to obtain my Health Savings Account balance information for the sole purpose of Plan administration and customer service. I authorize my employer to payroll deduct my HSA contribution.

Signature	Date
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Enrollment Form Instructions

Section 1 – Enrollment: Enter information requested in the space indicated. Refer to your employer for the correct Group Number and Company Name. Make sure to have this information available when calling for enrollment assistance.

Section 2 – Personal Account Information: Enter information regarding your personal banking account to be used for Transfer Requests in the space indicated. The Account Routing Number, the Type of Account, and the Account Number itself are required in order to set up your HSA. Be sure to print legibly when completing this section.

Section 3 – Authorization: After you have read the entire form, and the HSA Participant Enrollment Guide, sign the form and date it. **Return the completed and signed form to your employer.**

IMPORTANT: In addition to this form, you should have received and must complete three documents from our partner financial institution, M&I Bank FSB. These documents must be completed, signed, and returned to FlexSystem as soon as possible in order for your HSA Account to be opened.

Frequently Asked Questions

1. What does a FlexSystem Health Savings Account (HSA) offer? A FlexSystem HSA allows you to make tax-free payroll contributions to the Account to pay for certain out-of-pocket medical expenses. Paying for certain benefits with tax-free dollars reduces the amount you pay in taxes and increases your take-home pay. Every dollar paid on a tax-free basis results in a savings to you. To be eligible you must participate in a High Deductible Health Plan (HDHP), which is a health plan with an annual deductible of not less than \$1,050 for single coverage and \$2,200 for family coverage.

2. How does it save money? Employee contributions made on a pre-tax basis are treated the same as other benefits under the Cafeteria Plan; they are not subject to state (State laws may vary), federal or FICA tax.

3. How does it work? The tax-free payroll contribution funds are deposited into your M&I Bank FSB custodial account. When a qualified expense is incurred, you simply make a Request for Reimbursement from the HSA to pay for the expense. FlexSystem will then deposit the appropriate funds into your personal bank account. You may also use your M&I Bank FSB check card or paper checks (requires an election and additional fees apply) to pay for your qualified expense at the point of sale.

4. How does a Health Savings Account coordinate with my other benefits? Only under certain circumstances may an employee establish and fund an HSA in addition to funding a health flexible spending account. Both accounts may be funded as long as the benefits being reimbursed through the health FSA are limited to benefits or costs that may not be paid by the high deductible health plan (HDHP) itself. For example, if the HDHP does not cover dental expenses, the health FSA may be established to reimburse only these expenses.

5. What are qualified medical expenses? These are expenses such as dental care, prescriptions, eyeglasses and out-of-pocket medical expenses that may not be covered by insurance. In addition, any over-the-counter medication needed to alleviate or treat personal injuries and/or illness are eligible. However, vitamins and other dietary supplements taken for general health purposes are not eligible. For a complete list of qualified medical expenses see the IRS list.

6. Who determines the rules and regulations of FlexSystem Health Savings Accounts? Health Savings Accounts are regulated by the IRS. Our documentation guidelines are intended as a means to ensure eligibility of your claims for reimbursement. It is the Participant's responsibility to comply with these guidelines and to avoid duplication of claims or submission of ineligible charges. Failure to adhere to the above requirements could lead to payment delays or denial of expenses.

The information contained in this communication is confidential and to be used by TASC employees and representatives for only its intended purpose.

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