



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

(See page 2 for instructions on completing this form.)

## Section 1 - Enrollment

Client ID Number	Employer Name	Participant ID Number
Employee Last Name	First Name	Middle Initial
		Enrollment – Check One: <input type="checkbox"/> New <input type="checkbox"/> Renewal
Employee Address	City	State    Zip Code

I authorize TASC to act on my behalf to direct the designated monies into 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
<b>Health Savings Account</b>	\$ _____ ÷ _____	_____	=	\$ _____
<b>Employer Contribution</b>	\$ _____ ÷ _____	_____	=	\$ _____

\* See the HSA Participant Reference Guide for more information.

I hereby authorize Total Administrative Services Corporation, hereinafter called 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 – HSA Account Information

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

## Section 3 – Authorization

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 Participant Reference Guide, 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. I authorize my employer to payroll deduct my HSA contribution.

Signature	Date
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\* Return the completed and signed form to your employer.

## 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 – Health Savings Account Information:** Enter information regarding your selected HSA custodial account in the space indicated. The Account Routing Number, the Type of Account, and the Account Number itself are required in order to setup your HSA account. Be sure to print legibly when completing this section.

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

## Frequently Asked Questions

**1. What does FlexSystem Health Savings Accounts (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 \$2,100 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, federal or SS tax.

**3. How does it work?** The tax-free payroll contributions funds are deposited into a selected Bank's custodial account. When a qualified expense is incurred, you simply make a request for the custodial account to pay for the expense.

**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 itself. For example, if the high deductible health plan does not cover dental expenses, the health FSA may be established to reimburse only these expenses. If the high deductible health plan does not cover prescription costs, the health FSA may be structure to reimburse only these expenses.

**5. Any cost to me?** No.

**6. 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 premiums. 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. Here are some examples of eligible expenses:\*

Alcoholism, treatment of	Diagnostic fees	Orthopedic shoes
Ambulance hire	Eyeglasses, including exam fee	Prescribed medicines
Birth control pills	Hearing devices and batteries	Psychiatric care
Braces	Insulin	Routine physicals and other non-diagnostic services and treatments
Chiropractors	Laboratory fees	Surgical fees
Co-insurance	Needed medical supplies, prescribed by doctor	Transportation expenses primarily for rendition of medical services
Contact lenses and cleaning solution	Nurses' fees	X-rays
Deductibles	Orthodontia	
Dental fees, unless cosmetic		

\*This list is for reference only. It is not a complete list of deductible items. The Internal Revenue Service makes determinations of approved expenses on a yearly basis.

**7. How does a Health Savings Account affect Social Security benefits?** Reduction of your Social Security benefits will be minimal and is offset by the tax savings and lower health care costs available under FlexSystem. To compensate for this minimal reduction you may consider increasing your retirement plan funding.

**8. 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.