

HSA's

Health Savings Accounts



The Roman Catholic Diocese of Helena HSA Election Form

This election form confirms that you have purchased an H.S.A. qualified High Deductible Health Plan for you and/or your family and therefore, allows you to contribute pre-tax dollars into an H.S.A. on January 1, 2017. If you, at any time, change from a qualified plan to a non-qualified plan you must notify Human Resources as you are no longer eligible to contribute into an H.S.A.

Employee Name

You may elect to have an annual election of up to \$3,400 (single) and \$6,750 (family) deducted from your paycheck **pre-tax*** and deposited directly in the Health Savings Account. For participants age 55 and older, a \$1,000 (catch up contribution) is permitted in addition to the amounts shown above.

Please complete below if you are electing this option.

\$ _____ ÷ _____ Paychecks = \$ _____
Annual Election Amount Number of Paychecks Amount per Paycheck

I understand this election is for calendar year January 1, 2017 through December 31, 2017.

Employee Signature

Date

**It is the employee's responsibility to ensure they are meeting the H.S.A rules to be eligible to contribute into an H.S.A.*