

# HSA

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, 2019. If you, at anytime, 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

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You may elect to have an annual election of up to \$3,450 (single) and \$6,900 (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, 2019 through December 31, 2019.

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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.*