

HEALTH SAVINGS ACCOUNT CONTRIBUTION FORM

ONE TIME INCREASE FOR LONGEVITY/OVERTIME

I would like to contribute \$_____ of my **longevity/overtime** to my HSA on _____, then change my HSA back to \$_____ the following payroll.

NEW HSA CONTRIBUTORS

I wish to **contribute** \$_____ to my HSA account at Great Southern Bank each pay period on a pre-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise.

REGULAR CHANGE TO HSA CONTRIBUTION

I am currently making a contribution of \$_____ to my health savings account and would like to **change** my contribution to \$_____ beginning _____.

It is my responsibility to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

Account Owner – Print Name

Date

Signature

NOTICE TO NEW EMPLOYEES/HSA CONTRIBUTORS:

In order to participate in the HSA program, you must go to Great Southern Bank and establish an HSA account. My new account number is _____.

Contributions may not begin until after 30 days of service with the City of Iola.