BLUE EDGE HSA HEALTH SAVINGS ACCOUNT PAYROLL ELECTION

EMPLOYEE IN	IFORMATION (Please pr	int all information)	
Employee Name (First, Initial, Last)			Moody ID
Social Security N	lumber	Birth Date	First of month in which this takes effect*
		be completed and returned to th is July 1, 2019, this form must be	e Benefits office by the 15 th of the month submitted by June 15, 2019.
TYPE OF CHA	NGE		
New Enroll (Complete all f	_	Update Current Election Complete all fields below)	Suspend Current Election (Sign and date below)
ELECTION AN	OUNTS		
2020 HSA ANNUAL CONTRIBUTION LIMITS			
	Annual HSA Limitation	Employer Contribution	Maximum Employee Contribution
Single	\$3,550	\$600	\$2,950
Family	\$7,100	\$1,200	\$5,900
Employer cont	ributions are deposited	semi-annually and prorated b	ased on effective date of enrollment
Employees age	e 55 and older can add ເ	ip to \$1,000 to their annual co	ntributions
Elect the amo	unt you wish to contrib	ute to your Health Savings Acc	ount this year:
Annual Amo	unt	\$	
Divided By Months Remaining			
Contribution	Amount Per Month	\$	
I understand incurred afte is solely my r By signing th	that funds that are ded r my HSA account was e esponsibility to report t	ucted from my pay and <u>not usestablished</u> will be taxable in a hese funds to the IRS. to my Employer, I certify that	the amount designated above. sed for eligible health care expenses accordance with IRS regulations, and it I am eligible to participate and

Date

Signature