

Frederick County Public Schools
Health Savings Account Employee Election Form
(for the plan year October 1, 2016 through September 30, 2017--deductions taken September thru August)

Employee Information (Please Print Clearly)

Name:	ID#:
Address:	
City:	State: Zip:
Email:	

General Information:

FCPS will deduct your HSA contributions on a pre-tax basis.

HSA may be used for reimbursement for out-of-pocket medical expenses for you, your spouse, and/or your dependents.

Over-the-Counter drugs are not considered a reimbursable expense, unless prescribed by a physician.

Your total annual contribution, including any employer contribution, must NOT exceed the amount allowable by law.

If you are at least 55 years old, you may elect to make an additional catch-up contribution of up to \$1,000 annually.

Please consult with your tax advisor to review your specific circumstances and determine your allowable HSA contribution.

If you exceed your allowable annual contribution, you may be subject to IRS tax penalty.

HSA Election: If you choose the Lumenos HSA plan during Open Enrollment, FCPS will deposit \$1,000 into your account at the beginning of the plan year. If you choose the Lumenos HSA plan at any other time, due to status change or hire date, the employer's \$1,000 contribution will be prorated accordingly and deposited into your account with the payroll following enrollment in the plan.

Elections: 2016 calendar year amounts cannot exceed \$3,350-single and \$6,750-dependent, including employer contribution.

2016 calendar year amounts cannot exceed \$4,350-single and \$7,750-dependent, including employer contribution if 55 years or older.

	Current Monthly Amount	Change Monthly Amount To:	For P/R Use Only								
Health Care HSA											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Is this a change to an existing election?</td> <td style="width:10%; text-align: center;">Y</td> <td style="width:10%; text-align: center;">N</td> <td style="width:45%;"></td> </tr> <tr> <td colspan="4" style="font-size: small;">If yes, please indicate the new monthly amount you wish to have deducted from your payroll. This amount is still subject to IRS calendar year limits as described on this form.</td> </tr> </table>				Is this a change to an existing election?	Y	N		If yes, please indicate the new monthly amount you wish to have deducted from your payroll. This amount is still subject to IRS calendar year limits as described on this form.			
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If yes, please indicate the new monthly amount you wish to have deducted from your payroll. This amount is still subject to IRS calendar year limits as described on this form.											
I have elected employee only coverage under the High Deductible Health Plan and elect to contribute to a Health Savings Account the following amount not to exceed \$2,350 in a calendar year: (\$195.83/month).	\$ _____	\$ _____	HSAEE								
I have elected coverage other than employee only under the High Deductible Health Plan and elect to contribute to a Health Savings Account the following amount not to exceed \$5,750 in a calendar year: (\$479.17/month).	\$ _____	\$ _____	HSAEED								
I am at least 55 years of age and wish to make an additional catch-up contribution not to exceed \$1,000 in a calendar year: (\$83.33/month).	\$ _____	\$ _____	HSAE55								
Annual Total (See limits above)	\$ _____	\$ _____									

Authorization: I understand that by signing and submitting this form, I authorize the adjustment of my annual taxable salary based on my elections above, with the "tax protected" funds being transferred into my Health Savings Account. My election can be changed during the plan year, but is subject to the IRS limits. FCPS and its employees can not be held liable for any tax consequences resulting in any misrepresentation of my calendar year amounts. I further understand that this form must be signed and dated prior to my plan effective date to be eligible to participate in this plan year. Any amounts, in which I contributed, remaining in my HSA at the end of the plan year will remain in my account.

In addition, I authorize Frederick County Public Schools (FCPS) and the bank indicated below to deposit the assigned amount of my pay automatically into my Health Savings Account each payday. If money to which I am not entitled is deposited into my account, I authorize Frederick County Public Schools to direct the bank to return those funds. It is further understood that FCPS has the authority to inactivate any of the specified deposits when there is not enough net pay to satisfy the above request.

Employee Signature X _____ **Date:** _____

For Payroll Use Only	
DIRECT DEPOSIT AUTHORIZATION FOR HEALTH SAVINGS ACCOUNT (HSA)	
Name of Bank: <u>The Bank of New York Mellon</u>	<input checked="" type="checkbox"/> Checking
Bank Routing Number: <u>011001234</u>	Bank ID Code: <u>36113</u>
Depositor Account Number: <u>95009981436113</u>	