Human Resources

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HEALTH SAVINGS ACCOUNT (HSA) ENROLLMENT/CHANGE FORM

Effective Date://2016	New Election Change t	o previous election* (complete change type)
I. EMPLOYEE INFORMATION (Please Print)		
Employee ID No. (University ID or SSN):		
Last Name:	First Name:	Middle Initial:
II. HEALTH SAVINGS ACCOUNT ELECTION		
HSA contribution <u>per-paycheck</u> \$	with the next applicable De	crease Deduction ecrease Deduction op Deduction
2016 Limits* Single - \$3,350 Family - \$6,750 Over age 55 Catch up - add'l \$1,000	elected the High Deductible enroll for employee only cov maximum annual amount o year). If you enroll for family annual maximum amount o	ne Health Savings Account, you must have Health Plan with United Healthcare. If you verage, the University will contribute a f \$750 to the HSA (prorated for a partial y coverage, the University will contribute an f \$1,500 to the HSA (prorated for a partial ution, plus the University's contribution above.
III. AUTHORIZATION AGREEMENT		
I understand that in order to be eligible for the Health Savings Account, I cannot be enrolled in the University's Health Care Flexible Spending Account.		
I understand that by filling out this enrollment/change form, I must open my account with Optum Health Bank <u>before</u> contributions to my Health Savings Account will begin.		
I have read and understand the details of a Health Savings Account as outlined in the IRS Publication 969 at http://www.irs.gov/pub/irs-pdf/p969.pdf .		
I hereby authorize the New School to deduct the above specified amount pre-tax from my wages to be deposited into my Health Savings Account with Optum Health Bank as outlined on this enrollment/change form.		
Signature:		Date:/
OFFICE USE ONLY		
Payroll Schedule: \square Monthly (MN_) \square Bi-weekly (BS/BH) \square Weekly (WK)		