Office of Human Resources
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THE NEW SCHOOL
A UNIVERSITY

HEALTH SAVINGS ACCOUNT (HSA) ENROLLMENT/CHANGE FORM

Effective Date: _____/_____/**2013** ☐ New Election ☐ Change to 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 **per-paycheck** $_____
(changes to a previous election will become effective with the next applicable pay cycle)

*Type of change:
☐ Increase election
☐ Decrease election
☐ Stop deduction

2013 Limits*
Single - $3,250
Family - $6,450
Over age 55 Catch up – add'l $1,000

* In order to be eligible for the Health Savings Account, you must have elected the High Deductible Health Plan with United Healthcare. If you enroll for employee only coverage, the University will contribute a maximum annual amount of $750 to the HSA (prorated for a partial year). If you enroll for family coverage, the University will contribute an annual maximum amount of $1,500 to the HSA (prorated for a partial year). Your annual contribution, plus the University's contribution cannot exceed the limits above.

If you would like to make post-tax contributions, please contact Optum Health Bank at 1-866-234-8913.

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 before 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: ☐ **Monthly (MN___)** ☐ **Bi-weekly (BS/BH____)** ☐ **Weekly (WK_____)**