

NAIPTA Election Form for Direction of Contributions to the Health Savings Account

This is the election form for you to indicate your *employee* contributions for the Health Savings Account (HSA). This form allows you to indicate if and how much money you would like to direct to your Health Savings Account each plan year in addition to the employer contribution.

Please complete the following:

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Last 4 digits of your Social Security Number: _____

Coverage Type: Single _____ Family _____

Select Your Employee HSA Contribution Amount

I would like to contribute the following amount to my HSA through pre-tax payroll deductions:

\$ _____ per plan year (*please refer to the second page of this form for contribution limits*)

Divide the contributions by 24 pay periods to determine the per-check contribution.

Your HSA will accumulate money (that both you and your employer deposit) for your use in the payment of qualified health care expenses. Your Health Savings Account belongs to you and is your financial asset even if you change employers or health plans. Your contributions to the health savings account will be made pre-tax through payroll deductions by completing this form.

Reminder: To contribute to a Health Savings Account you must meet three criteria:

- 1) You must be covered by a HSA-qualified high deductible health plan (HDHP), and
- 2) You cannot be covered by another health plan, including Medicare, and
- 3) You cannot be claimed as a dependent on another individual's tax return.

The maximum employee contribution amount, combined with your NAPEBT employer contribution, cannot exceed the IRS stated maximums for the calendar year. Individuals age 55 and older can make additional catch-up contributions. Check the IRS guidelines for maximum contributions at www.treas.gov and click on Health Savings Accounts.

Your eligibility to contribute to an HSA is determined by the effective date of your HDHP coverage. If you do not have HDHP coverage for the entire calendar year, NAPEBT will not make their maximum contribution to your HSA account. NAPEBT contributes a prorated amount each month (roughly 1/12th of the annual employer contribution) for each month you maintain HDHP coverage.

Your maximum total HSA contribution will be deducted in equal amounts from your paycheck for the pay periods in the plan year.

**Nothing on this form is to be considered tax advice.
You must consult with your personal tax advisor on any personal income tax issues.**

HSA Type	For the 2012 Calendar Year, this is the Maximum Allowable Combined Employer and Employee Contribution*
Single	\$3050
Family	\$6,150
2012 Catch Up Contributions	\$1,000

*NAPEBT plan year contributions are prorated depending on the number of months of your eligibility for the HSA.

Caution: If you are planning to enroll in the HSA in 2012, keep in mind that your employer currently contributes \$47.68 monthly, or \$572.16 annually to your HSA. The calendar year contribution to an HSA cannot exceed the maximums noted above. Contact your Human Resources Department with questions.

Note: The calculations above will not be applicable if your spouse also has a Health Savings Account.



- I authorize my employer to reduce my pay before taxes on a “per pay period” basis as indicated above.
- I understand my contribution election (if any) is for one HSA plan year and that I can add, change or revoke my HSA contribution at times designated by my employer in accordance with the Plan’s HSA rules.
- I understand that my changes must be prospective in accordance with Internal Revenue Code (IRC) rules.
- I understand that my election contributions must comply with federal regulations and NAPEBT’s internal plan guidelines.
- I understand that to avoid taxes, the reimbursement requests I will be submitting to my HSA account must be IRC eligible medical expenses and that I must not have been previously reimbursed for these expenses from insurance or any other source.
- I understand the need to carefully plan my HSA contribution so the HSA account does not exceed the calendar year maximum contributions allowed by the IRS. If the amount that my employer and I contribute for the year exceeds the maximum level permitted by law, I understand that I will be subject to taxes on any contributions made over the maximum.

Print Name _____

Signature _____ Date _____, 20____

**Return this completed Employee Contribution Election form to your
Human Resources Department.**



For internal employer use only

*Contributions reviewed and verified for accuracy by _____ prior to
applying the requested payroll deductions.*

Contributions do not exceed the statutory maximum

Contributions are NOT acceptable

Date: _____