



Kansas City, Kansas Housing Authority

Health Savings Account (HSA)

Employee Contribution Election form

(To be completed and submitted to Finance/Payroll)

EMPLOYEE INFORMATION

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Social Security # (Last 4 Digits Only)

Contact Phone Number/Type (home/work/cell)

CONTRIBUTION INFORMATION

2017 maximum annual contribution (Limits shown below are less the KCKHA's \$375 Employee-only or \$750 Family contribution)

Under age 55:

Age 55 or older (includes \$1,000 catch-up):

• Employee-only QHDHP \$3,025

• Employee-only QHDHP \$4,025

• Family QHDHP* \$6,000

• Family QHDHP* \$7,000

*Family coverage includes Employee +1 and Family HDHP coverage levels

I wish to contribute \$_____ to my HSA account each pay period (two pay periods each month) on a pre-tax basis, beginning with the pay period immediately following the signed date of this election form, but not before January 1, 2017. I understand this amount will be deducted from my paycheck until I indicate otherwise.

I wish to **STOP** contributions being made to my HSA account, effective with the pay period ending _____ (if this box is checked, but no date is entered, contributions will cease on the pay period ending immediately following the signed date of this election form.)

EMPLOYEE AUTHORIZATION & SIGNATURE

I affirm that I:

- Am enrolled in the Aetna QHDHP medical plan and not covered by any non-qualified coverage (such as Medicare, Tricare, spouse's non-qualified plan).
- Am eligible to open and contribute to a health savings account.
- Hereby request and authorize the KCKHA to deduct from my pay the above-identified deduction and forward it to my health savings account established with UMB Bank.
- Authorize the KCKHA/UMB Bank to make withdrawals from my HSA in the event that a credit entry is made in error.
- Understand that UMB Bank may provide my HSA account number to the KCKHA to facilitate necessary money transfer.
- Understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility.
- Also understand that using my HSA funds for expenses other than those deemed qualified may subject me to tax penalties.

Employee Signature

Date

Finance Dept Purposes Only

Empl ID #	Entered By	Date Entered