INSTRUCTIONS: HEALTH SAVINGS ACCOUNT ELECTION FORM

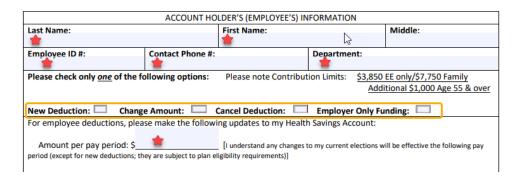
Please complete the form in its entirety. Incomplete forms will be sent back for corrections.

HOW TO COMPLETE THE FORM:

- Download/Save this form to your computer. Save as "EEID_Last Name_HSA Election Form".
- In the **Account Holder's** section, input your **name**, **EEID**, **phone number**, and **department** information.
- Check off either New Deduction, Change Amount, Cancel Deduction, or Employer Only Funding
 - New Deduction Begin new contributions. Include your contribution amount in the box below.
 - Change Amount Update (increase/decrease) current contributions. Include your contribution amount in the box below.
 - o Cancel Deduction Stop current contributions. Place a "0" (zero) in the box below.
 - Employer Only Funding Select this option if you would like to receive the County employer contribution but do not want to contribute your own funds into the account. The County contribution applies to annual open enrollment elections and to new hire elections.



2023 HEALTH SAVINGS ACCOUNT ELECTION FORM



• Don't forget to insert your **signature or sign your name** and **date** the bottom of the form.

OPEN HSA ACCOUNT

After submitting the form, please open your account.

SUBMISSION PROCESS:

- Submit your completed form to the secure Box.com folder
- Refer to our <u>Upload Documentation webpage</u> for additional information.

NEED HELP?

If you need help completing this form, please reach out to Benefits@ocfl.net or call 407-836-5661