

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.
 - **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

ACCOUNT HOLDER'S (EMPLOYEE'S) INFORMATION		
Last Name: *	First Name: *	Middle:
Employee ID #: *	Contact Phone #: *	Department: *
Please check only <u>one</u> of the following options: Please note Contribution Limits: <u>\$3,850 EE only/\$7,750 Family</u> Additional \$1,000 Age 55 & over		
New Deduction: <input type="checkbox"/> Change Amount: <input type="checkbox"/> Cancel Deduction: <input type="checkbox"/> Employer Only Funding: <input type="checkbox"/>		
For employee deductions, please make the following updates to my Health Savings Account:		
Amount per pay period: \$ * [I understand any changes to my current elections will be effective the following pay period (except for new deductions; they are subject to plan eligibility requirements)]		

- 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 [Upload Documentation webpage](#) for additional information.

NEED HELP?

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