



Health Savings Account (HSA)  
2019 Employee Contribution Enrollment Form

**Complete this form and return it to the Conference Benefits Administrator. This form must be completed for each plan year. Fax to 502-371-1083 or email to [benefits@kyumc.org](mailto:benefits@kyumc.org).**

**Employee Information**

Plan Sponsor: Kentucky Conference Board of Pensions and Health Benefits

Employee Name \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Employee Contribution Elections**

I elect to participate \$\_\_\_\_\_ per month x 12 = \$\_\_\_\_\_ Plan Year Total

I elect to waive participation

**Employee Certification**

- I understand to be eligible to open and contribute to an HSA, I must be covered by a High Deductible Health Plan (HDHP) and not Medicare-eligible.
- I understand that I may make a change to my payroll deduction at any time by completing a new enrollment form. Changes can only be made prospectively and will go into effect the 1<sup>st</sup> day of the month following receipt of the amended agreement.
- I understand the employer contribution to my HSA for 2019 will be \$750 for single coverage and \$1,500 for family coverage.
- I understand that Under IRS Revenue Procedure 2018-30, the maximum contribution (employer + employee) that can be made to an HSA in 2019 will be \$3,500 for employees with single coverage and \$7,000 for employees with family coverage (family coverage is any coverage of one or more dependents).
- I understand if I am age 55 or older and not enrolled in Medicare, I am eligible to contribute an additional \$1,000 above the regular limits (called a catch-up contribution).
- I understand that if I have money left in my HSA at the end of the plan year, the balance will roll over into the next year.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*For Employer Use Only*

SPU	Effective Date	Entered in MC	Initial
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