



**CITY OF RICHARDSON
HEALTH SAVINGS ACCOUNT
ENROLLMENT/CHANGE FORM**

First Name		Last Name	
Physical Address		Social Security No.	
City/State/Zip		Date of Birth	
EFFECTIVE DATE:		E-mail Address	

Election & Contribution Information

- I am enrolled in the CORPLAN HDHP Plan.*
- Employee Only Coverage* *Employee + Dependent Coverage*
- I wish to establish a new Health Savings Account.*
- I am not covered by any other type of health plan, including Medicare.*

Individual HDHP Coverage		Family HDHP Coverage	
City of Richardson Annual Contribution	\$750.00	City of Richardson Annual Contribution	\$1,500.00
Employee Contributions		Employee Contributions	
\$_____ X 24 P/R's = 2018 Contribution of: \$		\$_____ X 24 P/R's = 2018 Contribution of: \$	
<input type="checkbox"/> I am age 55 or older and am eligible to contribute an additional \$1000 per yr.		<input type="checkbox"/> I am age 55 or older and am eligible to contribute an additional \$1000 per yr.	
Cannot exceed \$3,500 if under age 55. Cannot exceed \$4,500 if over age 55.		Cannot exceed \$7,000 if under age 55. Cannot exceed \$8,000 if over age 55.	

I understand that if I participate in the Flexible Spending Plan, I can only use my FSA funds for Vision & Dental Expenses.

Account Authorization

I understand the eligibility requirements for the Health Savings Account (HSA) and I meet the qualifications to make these deposits. I authorize the City of Richardson to deduct from my pay on a pre-tax basis the amount elected above for my Health Savings Account. I understand that my Health Savings Account can be used to pay for qualifying medical expenses.

_____ Employee Signature	_____ Human Resources Representative
_____ Department	_____ Date Received
_____ Date	

Revised: 10/14/2017
HR/EJO/EXCEL/Forms/Health Savings Account Enrollment & Change Forms:New Enrollment

HR Use Only	
AS400	
Info. to Emp.	
Spreadsheet	
Original: Psnl. File	
Copy: Current/Change File	