



For Open Enrollment 2016

HEALTH SAVINGS ACCOUNT (HSA) ELECTION FORM		
UNIVERSITY OF DALLAS		
MEMBER INFORMATION		
Name:		SSN:
Date of birth:	Marital Status:	Telephone:
Current address:		
City:	State:	ZIP Code:
ELECTIONS		
2016 HSA Maximums: \$ 3,350 (individual), \$ 6,750 (family)		
Total Annual Election:		
Number of Pay Periods:		
Per Pay Period Amount:		
Date of First Payroll:		
Pay Frequency (circle one): Bi-Weekly (26) / Semi-Monthly (24) / Semi-Monthly (18)		
SIGNATURE		
<p>By signing below, I certify that:</p> <ul style="list-style-type: none"> I am or will be covered by a qualified High Deductible Health Plan (HDHP), I am not enrolled in Medicare or covered under other health insurance that is not compatible with an HSA, and I may not be claimed as a dependent on another person's tax return (excluding spouses per the IRS) HSA Bank is hereby appointed to serve as custodian of the Health Savings Account. 		
Signature of applicant	Date	
WAIVER OF COVERAGE		
<ul style="list-style-type: none"> I decline to be enrolled in a Health Savings Account (HSA) through HSA Bank. 		
Signature of applicant	Date	