



## HSA Information Sheet

Employer Name: \_\_\_\_\_

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

Employee #: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Is the Account Offered Under a Section 125 plan?    YES        NO

Employee Per Payroll Deduction amount: \_\_\_\_\_

Employer Contribution Amount: \_\_\_\_\_

Is Employer Amount Per Payroll or One Time?

Type of Plan (Circle One):

Individual        -        \$3050.00 Max

Self & Spouse -        \$6150.00 Max

Family -        \$6150.00 Max

Will We Be Direct Depositing to Employee's Accounts? \_\_\_\_\_

If So:

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Is Employee Eligible for the Catch Up of \$1000.00:    YES        NO  
(Must be 55 or older during year)

Will Employee be 65 During Year:                            YES        NO