



Learning Forward 2021-22 HSA Enrollment Form

You will be making elections for the **May 01, 2021** through **April 30, 2022**. After completing this form, please sign, date, and **return it to your Human Resources Department on or before the end of your enrollment period.**

SECTION A: PARTICIPANT PROFILE – Please Print Legibly		
First Name	Home Phone () -	
Middle Initial	Work Phone () -	
Last Name	Date of Birth (mm/dd/yyyy) / /	
Social Security Number	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Email Address	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
Address Line 1		
Address Line 2		
City	Date of Hire (mm/dd/yyyy) / /	
State	Zip Code	Division (if applicable)
Payroll Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly		
Coverage Level (if applicable) <input type="checkbox"/> Individual <input type="checkbox"/> Individual/Spouse <input type="checkbox"/> Individual/Dependent <input type="checkbox"/> Family		

SECTION B: PLAN INFORMATION – Please Print Legibly		
Health Savings Account (HSA) – New enrollees must apply for a bank account. Qualified healthcare expenses. (Individual: 2021 Max = \$3,550; 55+ = \$4,550) (Family: 2021 Max = \$7,100; 55+ = \$8,100)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Your Per Pay Contribution \$ _____
Renewal Note to HR: Please update your HSA Contribution Worksheet with the amount listed above (if applicable) & continue sending to your Administrator each pay period.		

SECTION C: PARTICIPANT AUTHORIZATION	
I hereby authorize my employer to deduct from my salary (if applicable), or other compensation, the required contributions for the amount(s) I have elected above. I agree to comply with the terms and conditions of the plan. I have received and read all acknowledgements & authorizations provided by Chard Snyder for each plan/option elected above form.	
Signature	Date / /

HR USE ONLY (FOR MID-YEAR NEW HIRES) – Must be completed by HR Rep prior to sending to Chard Snyder		
Employee Effective Date / /	1 st Contribution Date / /	Initials

PARTICIPANT ACKNOWLEDGEMENTS & AUTHORIZATIONS (SEE BELOW)
All sections may not apply. Each section is only applicable if you are electing to participate in the plan/option.

HEALTH SAVINGS ACCOUNT – ACKNOWLEDGEMENT & AUTHORIZATION
<i>I understand that:</i> <ul style="list-style-type: none"> An HSA is an individually owned account and I am solely responsible for any tax implications as a result of failing to follow IRS rules & regulations outlined in IRS code Section 223. I am required to save all receipts for benefit card purchases in case I should be audited by the IRS. I agree to have the amount elected on the form pre-taxed from my paycheck on a per-payroll basis. I have read and understand the HSA guidelines and rules and confirm that I am eligible to participate in this benefit. I hereby understand the information on this form and authorize Chard Snyder to complete my request.