Lively

Health Savings Account Enrollment Form

Employee Information

Employer name

First name

Last name

Social security number

- -

Date of birth

/ /

Phone number

- -

Marital status

Email

Home address (must not be PO Box)

City

State

Zip code

Mailing address (if different from home address)

City

State

Zip code

Enrollment Information

☐ I elect to participate in a Health Savings Account

Election Amount (per pay period)

Amount per pay period		Number of pay periods		Annual election amount
	x		=	

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Acknowledgment: I make this election under my employer's Cafeteria Plan, administered consistent with IRC Sec. 125. By making this election, I authorize my employer to reduce my taxable compensation in order to fund my Health Savings Account. This reduction will be made in equal installments per pay period over the course of the Plan Year.

Employee name: _____ **Date:** ___ / ___ / ___

(type or print name)

Please return the completed form to your HR administrator.

For Employer Use

Date of hire

___ / ___ / ___

HSA effective date

___ / ___ / ___

Department/division (if applicable)

_____

Payroll frequency

_____

Payroll deductions begin

___ / ___ / ___