



2019 Health Savings Account Salary Reduction Agreement

Human Resources
 Building 2455, Suite 221
 3640 Colonel Glenn Hwy.
 Dayton, OH 45435-0001
 Tel: (937) 775-2120 Fax: (937) 775-3040

The university's Health Savings Account (HSA) program allows eligible employees to receive pre-tax reimbursement for certain medical, dental and vision expenses. Your taxable income reported for both federal and state income tax purposes is reduced by the amount of your HSA contributions.

Employee Information:				
Last Name:	First Name, Middle Initial:		University ID:	
Department:	Social Security Number:	Date of Birth:	Has a Fifth Third HSA Bank Account been established?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Requested HSA Pre-Tax Salary Reduction Amount*:	
Beginning with my <input type="checkbox"/> Monthly	pay on _____ deduct \$_____ for _____ pay periods.
<input type="checkbox"/> Bi-Weekly	(Pay Date) (Number of)
*Cannot exceed 2019 annual contribution limit of \$3,500 (single)/\$7,000 (family), inclusive of employee and employer contributions. An additional \$1,000 contribution is permissible for employees age 55 or older.	

HSA is the employee's responsibility.

- Avoid tax penalties by using health savings account monies to pay for qualified medical expenses only
- You are accountable for all HSA transactions including IRS personal audits

Your Signature Confirms Your Agreement to the Following:

The HSA pre-tax salary reduction election will be effective the first full pay period following: 1) submission of this form to Human Resources, and 2) establishment of an HSA Bank Account with Fifth Third Bank. Wright State University maintains no liability regarding the Health Savings Account outside of direct depositing designated funds as requested by the employee. Funds are only available as deposited.

 Signature _____ Date

E-mail address for confirmation: _____

Please ensure salary reduction elections are taken correctly from your pay and contributed to your account by monitoring HSA account activity on <http://employee.53HSA.com> or call the Fifth Third Bank HSA Support Center at (888) 350-5353.

Employer Use Only:			
Annual Employee Contribution Limit:	\$ _____	Plan:	Age: _____
YTD Healthy Rewards (HSR):	\$ _____	<input type="checkbox"/> EE Only	<input type="checkbox"/> Banner
YTD Employee Contribution:	\$ _____	<input type="checkbox"/> EE + 1	<input type="checkbox"/> Access
Remaining Employee Contribution:	\$ _____	<input type="checkbox"/> EE + 2<	HROps: _____