Foley ISD #51 HSA/VEBA Election & Enrollment Form

Funding Account Election

☐ **Health Savings Account** ☐ **VEBA Account** ☐ **Waive Account** (includes waiving any District contributions to these accounts)
* Signature Required at the bottom of form.

Employee's Name (Last, First, Middle)	Social Security Number

Street Address	City	State	Zip

Date of Birth	Gender	Email Address	Primary Phone Number
	☐ Male ☐ Female		

Employee Position	Health Insurance Coverage
	☐ Single ☐ Family

Health Plan Name: ☐ NationalOne 850 ☐ NationalOne HSA 3000 ☐ NationalOne HSA 5000

FOR HSA ACCOUNTS ONLY (Optional):

I authorize payroll deduction of $_____ from my earnings per pay period. I request that my salary be reduced in that amount and be applied toward my Health Savings Account (HSA). I understand this amount will be deducted from my paycheck until I indicate otherwise.

Authorization

The account holder named above is establishing this Health Savings Account (HSA) or VEBA Account for the purpose of paying for or reimbursing the qualified medical expenses of the account holder and/or their legal spouse and dependents. **It is my responsibility: 1) to determine whether I am eligible to make contributions to my HSA; and 2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.**

Signature	Date

If you decline participation:
I decline participation in the option of a Health Savings Account or VEBA Account, **this includes waiving any District contribution to these accounts if applicable.**

Signature	Date