

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

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Street Address

City

State

Zip

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Date of Birth

Gender

Email Address

Primary Phone Number

	<input type="checkbox"/> Male <input type="checkbox"/> Female		
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Employee Position

Health Insurance Coverage

	<input type="checkbox"/> Single <input type="checkbox"/> Family
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Health Plan Name: ☐ NationalOne 850 ☐ NationalOne HSA 3000 ☐ NationalOne HSA 5000**Prior Further HSA or VEBA**

☐ I have had an account with Further ☐ I have never had an account with Further

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

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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

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