

BENEFITS



Human Resources

2019 Health Savings Account Election/Change Form

Employee Information

First Name	Last Name	Employee ID
------------	-----------	-------------

Employees enrolled in the High Deductible Health Care Plan may contribute to a Health Savings Account (HSA). Both the employee and NAU can contribute to the HSA up to the IRS maximum. The amount NAU contributes and the amount the employee can contribute to the HSA account is based on coverage level.

Maximum Annual Contributions

	Employee Only	Employee + Adult	Employee + Child	Employee + Family
IRS Maximum	\$3,500	\$7,000	\$7,000	\$7,000
Amount NAU will contribute	\$720	\$1,440	\$1,440	\$1,440
Amount employee can contribute	\$2,780	\$5,560	\$5,560	\$5,560

Contribution Elections

HSA elections can be changed at any time. Contributions amounts will be effective the pay period following the submission of the election.

I elect to contribute _____ as my annual HSA pledge.

Employee Authorization and Signature

I am currently enrolled in the High Deductible Health Plan and I hereby elect to contribute the amount indicated to my Health Savings Account.

Signature

Date

Return form to:

Address: Northern Arizona University Attn: Benefits, PO BOX 4113, Flagstaff AZ 86011-4113

Fax: 928-523-7486

Email: hr.contact@nau.edu