

BENEFITS



Human Resources

2021 NAU BCBSAZ Health Care Savings Account Form

Employee Information

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

Employees enrolled in the NAU BCBSAZ High Deductible Health Care Plan (HDHP) may contribute to a Health Care Savings Account (HSA) administered by HealthEquity. Both the employee and NAU can contribute to this HSA up to the IRS maximum. The amount NAU contributes and the amount the employee can contribute to the HSA account is based on who the employee has enrolled in the NAU BCBSAZ HDHP.

Maximum Annual Contributions

	Employee Only	Employee + Adult	Employee + Child	Employee + Family
IRS maximum	\$3,600	\$7,200	\$7,200	\$7,200
Amount NAU will contribute	\$600	\$1,200	\$1,200	\$1,200
Amount employee can contribute	\$3,000	\$6,000	\$6,000	\$6,000

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 _____ annually to my HSA.

Employee Authorization and Signature

I am currently enrolled in the NAU BCBSAZ High Deductible Health Plan and I hereby elect to contribute the amount indicated to my Health Care Savings Account. I am responsible for assuring my contributions are not more than the annual IRS maximums indicated above.

Signature

Date

Return completed form to:

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

Fax: 928-523-2220

Email: nauhrbenefits@nau.edu