



HSA Information Sheet

Employer Name: _____

Employee Name: _____

Employee #: _____ Date of Birth: ___/___/___

Is the Account Offered Under a Section 125 plan? YES NO

Employee Per Payroll Deduction amount: _____

Employer Contribution Amount: _____

Is Employer Amount Per Payroll or One Time?

Type of Plan (Circle One):

Individual - \$3100.00 Max

Self & Spouse - \$6250.00 Max

Family - \$6250.00 Max

Will We Be Direct Depositing to Employee's Accounts? _____

If So:

Bank Name: _____

Routing Number: _____

Account Number: _____

Is Employee Eligible for the Catch Up of \$1000.00: YES NO
(Must be 55 or older during year)

Will Employee be 65 During Year: YES NO