

2014 Health Savings Account Election

New Enrollment Change Existing

Employee Name: _____

Employee ID: _____

Per pay deduction: \$ _____

Calendar year total: \$ _____

I request the above amounts be deducted from my pay on a bi-weekly basis up to the H.S.A. IRS limits. The limits for 2014 are \$3,300 for employee only and \$6,550 for family. Limits include any contributions made by NAFCS to your account.

Employee Signature: _____