

**NAPEBT Election Form for Direction of the Employer Contributions to the  
Health Savings Account or General Purpose Health FSA  
AND for your additional employee contribution to the Health Savings Account  
for the period 7-1-09 through 6-30-10**

This is the election form for you to indicate WHERE you want your *employer* contributions to be placed: in the General Purpose Health FSA **OR** in the Health Savings Account (HSA). This form also allows you to indicate if and how much money you would like to direct to your Health Savings Account each plan year.

*Please complete the following:*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last 4 digits of your Social Security Number: \_\_\_\_\_

Coverage Type: Single \_\_\_\_\_ Family \_\_\_\_\_

I would like my **employer's annual contribution** to be deposited into the following (*CHOOSE ONE ONLY*):

- General Purpose Health Flexible Spending Account (FSA)** – Note you may have employer contributions deposited into the General Purpose Health FSA if you are not enrolled in the Health Savings Account. Be sure to also complete the Plan's Flexible Spending Account enrollment form to indicate your personal contribution to the Health FSA. Please skip to the bottom of this form and print, sign and date the form.
- HSA** – You must be enrolled in the NAPEBT High Deductible Health Plan. Please complete the remainder of this form.

**Select Your Employee HSA Contribution Amount**

I would like to contribute the following amount to my HSA through pre-tax payroll deductions:

\$ \_\_\_\_\_ per plan year (*please refer to the second page of this form for contribution limits*)

Your HSA will accumulate money (that both you and your employer deposit) for your use in the payment of qualified health care expenses. Your Health Savings Account belongs to you and is your financial asset even if you change employers or health plans. Your contributions to the health savings account will be made pre-tax through payroll deductions by completing this form.

**Reminder:** To contribute to a Health Savings Account you must meet three criteria:

- 1) You must be covered by a HSA-qualified high deductible health plan (HDHP), and
- 2) You cannot be covered by another health plan, including Medicare, and
- 3) You cannot be claimed as a dependent on another individual's tax return.

The maximum employee contribution amount, combined with your NAPEBT employer contribution, cannot exceed the IRS stated maximums for the calendar year. Individuals age 55 and older can make additional catch-up contributions. Check the IRS guidelines for maximum contributions at [www.treas.gov](http://www.treas.gov) and click on Health Savings Accounts.

Your eligibility to contribute to an HSA is determined by the effective date of your HDHP coverage. If you do not have HDHP coverage for the entire calendar year, NAPEBT will not make their maximum contribution to your HSA account. NAPEBT contributes a prorated amount each month (roughly 1/12<sup>th</sup> of the annual employer contribution) for each month you maintain HDHP coverage.

Your maximum total HSA contribution will be deducted in equal amounts from your paycheck for the pay periods in the plan year.

**Nothing on this form is to be considered tax advice.  
You must consult with your personal tax advisor on any personal income tax issues.**

HSA Type	For the 2009 Calendar Year, This is the Maximum Allowable Combined Employer and Employee Contribution*
Single	\$3,000
Family	\$5,950
2009 Catch Up Contributions	\$1,000

\*NAPEBT plan year contributions are prorated depending on the number of months of your eligibility for the HSA.  
*Caution: If you are planning to enroll in the HSA in July 2009, keep in mind as you create your HSA contribution for 2009-2010 that your employer will contribute to the HSA for the entire plan year as long as you remain enrolled in an HDHP, and your 2009 calendar year contribution to an HSA cannot exceed the maximums noted above. The 2010 maximums may be indexed by the IRS. Please check their website for more information at [www.treas.gov](http://www.treas.gov) and click on Health Savings Accounts or contact your Human Resources Department.*

*Note: The calculations above will not be applicable if your spouse also has a Health Savings Account.*

- I authorize my employer to reduce my pay before taxes on a “per pay period” basis as indicated above.
- I understand my contribution election (if any) is for one HSA plan year and that I can add, change or revoke my HSA contribution at times designated by my employer in accordance with the Plan’s HSA rules.
- I understand that my changes must be prospective in accordance with Internal Revenue Code (IRC) rules.
- I understand that my election contributions must comply with federal regulations and NAPEBT’s internal plan guidelines.
- I understand that to avoid taxes, the reimbursement requests I will be submitting to my HSA account must be IRC eligible medical expenses and that I must not have been previously reimbursed for these expenses from insurance or any other source.
- I understand the need to carefully plan my HSA contribution so I do not exceed the calendar year maximum contributions allowed by the IRS. If I do over contribute for the year, I will be subject to taxes on any contributions made over the maximum.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

**Return this completed Employee Contribution Election form to your Human Resources Department before the enrollment deadline.**

*For internal employer use only*

*Contributions reviewed and verified for accuracy by \_\_\_\_\_ prior to applying the requested payroll deductions.*

*Contributions do not exceed the statutory maximum*

*Contributions are NOT acceptable*

Date: \_\_\_\_\_