

NAPEBT Supplemental Election Form for High Deductible Health Plan Participants

**Direction of the Employer Premium Savings Contributions 7/1/09-6/30/2010
AND for additional employee Health Savings Account contribution 7-1-09 through 12/31/2009**

This election form should be filled out by all High Deductible Health Plan participants.

Nothing on this form is to be considered tax advice.

You must consult with your personal tax advisor on any personal income tax issues.

1. Employee Information	
Name: _____ Employee I.D.#: _____	
High Deductible Health Plan Coverage Type: Employee Only <input type="checkbox"/> Family <input type="checkbox"/>	
2. Employer Premium Savings Contribution	
Please check one of the following:	
<input type="checkbox"/> I am eligible for a Health Savings Account. Please deposit my employer premium savings contribution in a Health Savings Account. <i>Be sure to also complete the Health Equity enrollment Form if you have not enrolled with them previously.</i>	
<input type="checkbox"/> I am ineligible for a Health Savings Account. Please deposit my employer premium savings contribution into a General Purpose Health Care Flexible Spending Account (FSA). <i>Be sure to also complete the Discovery Benefits FSA enrollment form. Skip sections 3 and 4 of this form.</i>	
3. Employee HSA Contribution Worksheet	
1. 2009 IRS Calendar Year Limit For HSA Contributions (Enter \$3000 if you elected employee only HDHP coverage or \$5950 if you elected Family HDHP coverage)	1. \$ _____
2. 2009 Catch-up Contribution (Enter \$1000 if you are over 55 years old)	2. \$ _____
3. 2009 Total allowable contribution (add items 1 and 2)	3. \$ _____
4. Contribution made by Employee between 1/1/2009 and 6/30/2009 (If you are unsure of what you elected last plan year, contact Human Resources)	4. \$ _____
5. Contributions made by Employer between 1/1/2009 and 6/30/2009 (If you participated in the HSA through NAPEBT for the entire period, <u>enter \$</u>)	5. \$ _____
6. Employer Contribution for remainder of calendar year. (1/2 of \$)	6. \$ _____
7. Total allowable employee contribution for 7/1/09-12/31/2009 (subtract items 4,5 & 6 from item 3)	7. \$ _____
8. Total desired employee contribution for 7/1/09-12/31/09 (must be equal to or less than item 7)	8. \$ _____
<i>Note: The calculations in this worksheet will not be applicable if your spouse also has a health savings account.</i>	

4. Employee Acknowledgement/HSA Contribution Election

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 and click on Health Savings Accounts.

NAPEBT employers contribute a prorated amount each month (\$44.12) for each month you maintain HDHP coverage.

Your HSA contribution election will be deducted from your paycheck in equal amounts for the period of your election.

I would like to contribute the following amount to my Health Savings Account, through pre-tax payroll deductions:

\$ _____ for the remainder of calendar year 2009 (\$_____ per pay period)

- 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 calendar year 2009 and that I can add, change or revoke my HSA contribution once annually and when given permission by the Human Resources Director 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 that I will need to make new elections for calendar year 2009.

5. Signature

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 entered by _____. Date: ____/____/____