

City of Frankfort

2013 Health Savings Account (HSA) Contribution Change Form

Account Owner's Name & Address	
Last Name	First Name Mi
Street Address	
City	State Zip
Social Security Number	Daytime Phone
Account Coverage <input type="checkbox"/> Single <input type="checkbox"/> Employee + Dependents	

2013 Employee HSA Contributions	
I authorize City of Frankfort to deduct from my paycheck the following amount for contributions to my Health Savings Account through Wells Fargo.	
<input type="checkbox"/> Please deduct the following amount <u>per payroll</u> (Based on 24 pay periods.)	\$ _____ **
Single Maximum: \$3,250 * Family Maximum: \$6,450 *	
<input type="checkbox"/> Please deduct the following amount in _____ lump sums.	\$ _____ **
Single Maximum: \$3,250 * Family Maximum: \$6,450 *	

*If you are 55 or older you are allowed to add an additional \$1,000.00 as a catch up contribution to your HSA.

*The annual maximum includes dollars contributed to your account by the City.

Effective Date: _____

****You may change your HSA contribution at any time during the year.**

Employee Signature: _____

Date: _____

Submit form to City of Frankfort Human Resources