$2700 plan.

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Health Savings Account (HSA) Data Collection Worksheet

Please complete and submit this worksheet to your employer. **This is an internal document used by your employer for data collection purposes. Worksheets returned to Discovery Benefits cannot be processed.**

*=Required Fields

Step 1: Account Holder Information

*Employer Name (Do not abbreviate)

Employee ID Number

*Account Holder Name (First, MI, Last)

*Social Security Number

*Physical Address (Cannot be PO Box)

*City *State *Zip

*Email Address

*Day Telephone

*Date of Birth (mm/dd/yyyy) *Hire Date (mm/dd/yyyy)

Step 2: HSA Election for Current Tax Year

Employee Contribution

Note: I understand my Health Savings Account (HSA) will be set up effective the first day of the month following the date this worksheet is signed.

*Per Pay Period Amount:
(to be deducted each pay period) $

Employer Contribution: Check with your employer to determine if you will receive employer contributions. Both employee and employer contributions will be applied to your annual IRS maximum.

HDHP Coverage Level
(*check one)

Single / Family

*HDHP Coverage Date:
(mm/dd/yyyy)

Note: There may be tax consequences if HSA contributions exceed the IRS governed limit. To determine the maximum HSA contribution for the current tax year visit www.discoverybenefits.com.

Step 3: Authorized Signature

By signing this application I represent that: 1) I am covered under a high deductible health plan (HDHP); 2) I am not covered by any other health plan that is not an HDHP; 3) I am not enrolled in Medicare; 4) I cannot be claimed as a dependent on another person's tax return; and 5) I will read and agree to the HSA Custodial Agreement and Disclosure Statement on the Discovery Benefits Participant Portal. I understand that if my spouse is enrolled in a general-purpose FSA (a non-HDHP), I am not eligible to contribute to an HSA. I understand my Health Savings Account will be set up effective the first day of the month following the date the Enrollment Application is signed. Further, I understand that my Health Savings Account cannot be effective prior to my HDHP coverage date.

*Signature of Account Holder *Date