

Health Savings Account (HSA) Employee Contribution Form

I. Employee Enrollment

Employer Name: CITY OF MERIDEN				
Your Name (last, first, middle)	Social Security Number	Date of Birth	Gender	Marital Status
Mailing Address	City	State	Zip	() Day Time Phone Number
email address:				

II. Contribution Election

<input type="checkbox"/> Yes, I elect to contribute to my Health Savings Account (HSA) Bi - Weekly Contribution: \$ _____ Annual contribution \$ _____ <input type="checkbox"/> No, I do not elect to participate.		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Simsbury Bank Acct. No.</td> <td style="width: 50%; padding: 5px;">Routing number 011104351</td> </tr> </table>	Simsbury Bank Acct. No.	Routing number 011104351
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III. Certification

I certify that all the information on this form is correct. Employee's Signature: _____ Date: _____ <i>Return completed Enrollment Form to your Benefit Department</i>
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Employer Use Only	Date of Hire: / /	Effective Date: / /	Number of Paychecks This Plan Year:
Payroll Cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			Pay Date of First Deduction: / /
<i>Note to employer Representative: Please retain the original copy of this form for you records.</i>			