



Health Savings Account (HSA) Enrollment Form

January 1 – December 1, 2021

Effective Date of Election/Change: _____

Section 1: Employee Information			
Employee Name:		Last 4 SSN:	
Date of Hire:		Division:	
Address:		City, State, Zip:	
Date of Birth:		Job Title:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
E-mail Address:			

Section 2: Health Savings Account (HSA) Eligibility	
You must meet certain requirements to be eligible to contribute to an HSA. Please answer each question below to confirm your eligibility.	
I am covered under an HSA-qualifying high deductible health plan (HDHP) (If you are enrolling in Lakeside's health plan, you can select True)	<input type="checkbox"/> True <input type="checkbox"/> False
I am not covered by another health plan that is not a HDHP (as an individual, spouse or dependent)	<input type="checkbox"/> True <input type="checkbox"/> False
My spouse and/or parent will not have a cash balance in a general-purpose health flexible spending arrangement (FSA)	<input type="checkbox"/> True <input type="checkbox"/> False
I do not have a cash balance in a "general-purpose" health FSA	<input type="checkbox"/> True <input type="checkbox"/> False
I am not enrolled in TRICARE as an active duty or retired service member	<input type="checkbox"/> True <input type="checkbox"/> False
I am not enrolled in Medicare	<input type="checkbox"/> True <input type="checkbox"/> False
I am not receiving Veterans Administration (VA) health benefits (within the last three months), except for preventive care. (If you are a veteran with a disability rating from the VA, this exclusion does not apply.)	<input type="checkbox"/> True <input type="checkbox"/> False
I cannot be claimed as a dependent on another taxpayer's federal income tax return	<input type="checkbox"/> True <input type="checkbox"/> False

If you answered "True" to each question you are eligible for an HSA. Please complete Section 3.

If you answered "False" to any question you are not eligible for an HSA at this time; please select "I decline the HSA because I am not eligible" under Section 3.

Section 3: Health Savings Account (HSA) Election and Contributions				
Election	2021 contribution limit*	Lakeside's contribution ** (made per pay period)	Your contribution	
			Under age 55	Age 55 and over in 2021***
<input type="checkbox"/> Employee only	\$3,600	\$1,000 (\$38.46/pay period)	Max contribution = \$2,600 <input type="checkbox"/> \$100/paycheck (max) <input type="checkbox"/> _____ /paycheck <input type="checkbox"/> _____ from my bonus check (one-time lump sum)	Max contribution = \$3,600 <input type="checkbox"/> \$138.46/paycheck (max) <input type="checkbox"/> _____ /paycheck <input type="checkbox"/> _____ from my bonus check (one-time lump sum)
<input type="checkbox"/> Employee & one or more dependents	\$7,200	\$1,500 (\$57.69/pay period)	Max contribution = \$5,700 <input type="checkbox"/> \$219.23/paycheck (max) <input type="checkbox"/> _____ /paycheck <input type="checkbox"/> _____ from my bonus check (one-time lump sum)	Max contribution = \$6,700 <input type="checkbox"/> \$257.69/paycheck (max) <input type="checkbox"/> _____ /paycheck <input type="checkbox"/> _____ from my bonus check (one-time lump sum)
<input type="checkbox"/> I decline the HSA because I am not eligible.				

* In general, an individual who enrolls in a qualified HDHP mid-year is still allowed to make a full year's worth of contributions. Under the "last-month rule," if you first become HSA eligible in a month other than January (but no later than December 1), you can still contribute up to the yearly limit provided you maintain HDHP coverage for a 13-month "testing period" (generally December 1 through December 31 of the following year). *If you don't maintain HDHP coverage for the entire "testing period," some of your contribution will be subject to taxation plus an additional 10% penalty.*

**Lakeside's annual contribution to your HSA is tied to your participation in the Lakeside Industries wellness program with Health Advocate.

- **Employees hired by 2/28/2021** and their spouses must have completed the Health Advocate Personnel Health Profile, biometric screening and tobacco free attestation (or tobacco cessation program) by 8/31/2021 to qualify for the 2022 HSA contribution from Lakeside.
- **Employees hired between 3/1/2021 and 6/30/2021** and their spouses must have completed the Health Advocate Personnel Health Profile by 8/31/2021 to qualify for the 2022 HSA contribution from Lakeside.
- **Employees hired between 7/1/2021 and 11/30/2021** and their spouses will automatically qualify for the 2022 HSA contribution from Lakeside.

***The IRS allows an additional \$1,000 catch-up contribution for individuals age 55 and over, including those who will turn age 55 in 2021.

Section 4: Signature and date

By checking the box and typing my name below, I acknowledge and agree to the following terms and conditions:

- I am or will be covered by a qualified High Deductible Health Plan (HDHP), I am not enrolled in Medicare or covered under other medical insurance that is not compatible with an HSA, and I may not be claimed as a dependent on another person's tax return (excluding spouses per the IRS).
- I have read and understand the terms and conditions of the Health Savings Account as received from my employer.
- HSA Bank is hereby appointed to serve as custodian of my Health Savings Account,
- When you open an account HSA Bank will need you and your authorized signer to provide your name, street address, date of birth and other information that will allow HSA Bank to identify you and your authorized signer. HSA Bank may also ask to see your driver's license or other identifying documents.
- Pre-tax compensation reductions will reduce my taxable income for Social Security purposes and may result in a reduction of Social Security benefits that I, or my dependents, may become entitled to in the future.
- If I wish to change my HSA election amount, any change must be made prospectively and may not occur more frequently than once a month.
- I understand that to qualify for Lakeside's annual HSA contribution I must complete the wellness program requirements within the prescribed timeframes.
- It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

By checking this box and typing my name below, it is my intent to electronically sign and electronically submit this form. I understand that by checking this box and typing my name below, I will be applying my electronic signature to this form and that I will be bound with the same force and effect as if I had signed this form on paper by hand.

Employee Name

Date