

INDIANA STATE UNIVERSITY
Health Savings Account (HSA) Agreement for Salary Reduction

NAME _____ UNIVERSITY ID _____ EXT _____

DEPARTMENT _____ EFFECTIVE DATE _____

FACULTY

EXEMPT

NON-EXEMPT

HSA Eligibility

To be eligible to make deposits to an HSA, you:

- Must be currently enrolled in an HSA-qualified health plan;
- May not be enrolled in any other non-HSA qualified health plan;
- May not have, or be eligible to use, a general purpose flexible spending account (FSA);
- Cannot be claimed as a dependent on another person's tax return;
- May not be enrolled in Medicare, Medicaid, or Tricare;

- Must not have used VA medical benefits in the past three months, with the exception of preventative services or treatment for a Service-connected disability.

BY THIS AGREEMENT, made between the above named employee and Indiana State University, the parties hereto agree as follows: Effective with the date listed above, the Employee's salary will be reduced by the amount indicated below. The University will contribute your payroll deducted amount to your Health Savings Account (HSA) through The HSA Authority, a branch of Old National Bank.

This Agreement will be legally binding and irrevocable as to both of the parties hereto while employment continues. This agreement may be terminated or changed at any time by written notice received by the Employee Benefits Office.

Please note: Participation in the University's Health Savings Account requires enrollment into the University's High Deductible Health Plan with HSA

Please enter below the amount you wish to contribute to your 2019 Health Savings Account and select your Health Coverage plan type:

Contribution amount per pay: _____ Employee Only: _____ Employee Plus: _____

Changes in Contributions will be reflected on the next available pay date

The above contributions are tax-deferred and cannot exceed the 2019 IRS annual maximums of \$3,500 for individuals and \$7,000 for Families on the University's High Deductible Health Plan. Annual maximums include Indiana State University's designated annual contributions. Individuals 55 and older can make an additional catch-up Contribution of \$1,000 in 2018

Please note: University contributions will be made quarterly based on your effective date.

Employee Signature

Date

I.S.U. Representative Signature

Date

FOR EMPLOYEE BENEFITS OFFICE USE

YTD Deferral: _____

Projected Deferral: _____

Age on 12/31/2019: _____

Max EE Deferral : _____

Banner Deduction Code: _____

Effective Date: _____

Amount: _____

Processed by: _____ Date: _____