



THE STATE OF WYOMING

Department of Administration and Information Human Resources Division – Employee Benefits

HEALTH SAVINGS ACCOUNT (HSA) ELECTION FORM

- New Election
 Revised Election

Last Name

First Name

Social Security Number

Agency Name and Number

Initial Deposit Amount (if different than subsequent monthly amount):	\$
Monthly Deposit Amount:	\$
Monthly Catch-up Amount—Age 55 & over 2011 - \$1,000 Annual Maximum 2012 - \$1,000 Annual Maximum	\$

It is the responsibility of you, the employee to monitor and maintain your health savings account:

Maximum deposit:

2011=\$3,050.00 for single contracts and \$6,150.00 for family contracts

2012=\$3,100.00 for single contracts and \$6,250.00 for family contracts

- Avoid penalties by using health savings account monies to pay for qualified medical expenses only.
- Retain records of all transactions for possible IRS auditing purposes.
- Funds are only available as deposited.
- See IRS Regulations for eligibility and participation in an HSA (<http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>)

Bank Account Information	
Name and address of financial institution:	_____
Account Number*	_____
ABA Routing Number*	_____

****Verification of banking information must be provided. i.e. voided check or deposit slip or letter from financial company.***

The State of Wyoming maintains no liability regarding the Health Savings Account outside of direct depositing designated funds as requested by the employee.

Signature

Date