Health Savings Account Contribution Form

Name _____ Empl ID _____

Campus Phone

Health Savings Account Participation (only available to employees enrolled in the High Deductible Health Plan)

I elect to establish/continue a Health Savings Account (HSA).
Complete deduction section, Salary Reduction and sign the HSA Agreement.

I elect NOT to continue a Health Savings Account.
Sign the HSA Waiver below.

Salary Reduction

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Coverage type	IRS Maximum Annual Contribution Limit
Self-only	

CASE WESTERN RESERVE UNIVERSITY
Department of Human Resources

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