



Eff. Pay Period: \_\_\_\_\_

Eff. Pay End Date: \_\_\_\_\_

### 2021 Health Savings Account (\*HSA) Enrollment Form

Return completed and signed form to: [HRBenefits@bouldercolorado.gov](mailto:HRBenefits@bouldercolorado.gov)

Employee Name:	Employee ID Number:
Department:	Employee Phone Number:
Bank Name:	HSA Bank Routing Number: **
<input type="checkbox"/> HSA Checking <input type="checkbox"/> HSA Savings	HSA Bank Account Number: **

**\*A health savings account (HSA) is a special tax-advantaged medical savings account available to employees who are enrolled in the city’s high-deductible health plan.**

**\*\*Please attach a voided check or bank letter. If you do not open an HSA and provide requested documentation, you will not receive the city employer contribution.**

#### Contributions

The 2021 annual limit on HSA contributions will be \$3,600 for self-only and \$7,200 for family coverage. If you are age 55 or older, you can contribute an additional catch-up contribution of \$1,000 per year. Please be aware, any contribution the city makes to your account counts toward your annual limit.

Employees electing the city’s High Deductible Health Plan (HDHP), which is eligible to be paired with the Health Savings Account (HSA), must select contribution(s) below.

- I am not eligible to participate in the HSA.
- I am eligible to participate in the HSA and to receive employer contributions. I would like to receive the employer contribution to my account and make no contributions to the account myself.
- I am eligible to participate in the HSA and to receive the employer contribution. I would like to receive the employer contribution to my account and make my own per pay period contributions in the following amount:  
\$ \_\_\_\_\_ (dollar amount per pay period).
- I am eligible to participate in the HSA catch-up contribution. I would like to make my own per pay period contributions in the following amount: \$ \_\_\_\_\_ (dollar amount per pay period).

#### Acknowledgement

By electing HSA benefits, I am certifying that I meet the requirements under Internal Revenue Code § 223 to be eligible to contribute to an HSA. I understand that:

- I must be covered by an IRS qualified HDHP to contribute to an HSA.
- I may not be claimed as a dependent on another individual’s income tax return.
- I may not be covered by other medical coverage, including Medicare, Tricare, Medicaid, other non-qualified coverage or my spouse’s traditional medical Flexible Spending Account.
- HSA benefits cannot be elected in addition to medical Flexible Spending Account reimbursements.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_

Date: \_\_\_\_\_