



Rocket #: \_\_\_\_\_

## Health Savings Account (HSA) Enrollment and Payroll Deduction

- Please complete this form if you have elected the Blue CDHP Plan
- This form allows you to have HSA contributions deducted from your paycheck **pre-tax**
- If you are over the age of 55, you may contribute an additional \$1,000 annually
- Please use the following chart to review the maximum amount you may contribute to your HSA:

Blue CDHP Plan	HSA Maximum Effective 1/1/2023	Annual Employer Contribution	Annual Amount You May Contribute
Blue CDHP Single	\$3,850	\$500	\$3,350
Blue CDHP Single +1	\$7,750	\$750	\$7,000
Blue CDHP Family	\$7,750	\$1,000	\$6,750

### Account Holder Information

Name: Last		First	MI
Date of Birth (MM/DD/YYYY)	Social Security Number	Telephone Number	Employee Campus: <input type="checkbox"/> Main Campus <input type="checkbox"/> Health Science Campus
Street Address			
City		State	Zip Code

### Payroll Deduction (Please check one):

- Please deduct \$ \_\_\_\_\_ **ANNUAL/PER PAY** (circle one) and deposit into my HSA account via payroll deduction.
- I do not wish to contribute any additional money to my HSA at this time

### Authorization

#### Enrollment Election

I want to establish a Health Savings Account "HSA" at Optum Bank. I certify that I am eligible to contribute to an HSA under Internal Revenue Section 223. I understand that I may access the agreements governing my HSA via the Optum<sup>SM</sup> web portal online at [www.optum.com](http://www.optum.com) or by calling (866) 884-7374. I further understand that a copy of the agreements governing my HSA will be sent to me in a "welcome packet" after my HSA is opened and that I will have seven (7) business days to revoke my HSA after the welcome packet is sent.

#### Appointment of Employer as Special Agent for Account Opening Purposes

By signing below, I appoint The University of Toledo ("Employer") as my special agent for purposes of opening a Optum HSA. As my special agent, Employer will receive notice from Optum Bank on my behalf, which explains that, consistent with its efforts to help the government of the United States fight money laundering activities and terrorism funding, Optum Bank obtains, verifies, and records information to identify each individual who opens a Optum HSA. I hereby provided the Identifying Information listed in Item 3 below to Employer and authorize Employer to forward this information to Wells Fargo on my behalf in furtherance of my establishing a Optum HSA.

#### Signature of Employee

By signing below, I agree to the above. I also authorize Optum to make inquiries that it considers appropriate to determine if it should open and maintain my HSA.

I hereby authorize UT to deduct the amount(s) above from my pay and remit such amount(s) to Optum for deposit into my HSA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### Human Resources

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