



Health Savings Account Plan Contribution Change Application

Please Print Clearly

GROUP #: 423 HSA

COMPANY NAME: Regal Marine Industries

TEAM MEMBER NAME: _____ Team Member #: _____

HSA ACCOUNT CONTRIBUTION

Max annual HSA deduction:

Individual coverage: \$3,400 annually or (130.77 per pay period)

Family Coverage: \$6,750 annually or (\$259.62 per pay period)

	Pay Period Deduction	Annual Deduction
Enter Pre-Tax Contribution Amount:	\$	\$

ACCEPTANCE OF HEALTH SAVINGS ACCOUNT

I understand changes or decline of this Participation Agreement can be made quarterly.

I authorize the selections I have made as well as the payments required for those selections. I understand that the above selections are effective for the entire year unless I make change by completing the Health Savings Account Change form. I also understand that any money placed into Health Savings Account is subject to income tax and/or tax penalty if the funds are not used for qualified medical expenses as determined by the Department of Treasury Internal Revenue Service. I further understand that these benefits may qualify for COBRA if my employment is terminated.

Team Member Signature

Date

Admin Use Only		
HR: _____	_____	_____
date rec'd	date entered	amnt conf
PR: _____	_____	_____
date rec'd	date entered	amnt conf