

Employee Information (required)

First Name:	MI:	Last Name:		
SSN#:	Date of Birth:			
Address:		City:	State:	Zip:
Daytime Phone: ()	Home phone: ()		Email:	

Health Savings Account Contribution Limits

The 2018 annual HSA contribution limit for individuals with self-only HDHP coverage is \$3,450, and the limit for individuals with family HDHP coverage is \$6,900.

I authorize my employer to make the following salary reductions:

Health Savings Account:

I elect to have \$_____ deposited annually into my Health Savings Account.

If you are a new member enrolling in the HSA Plan, please also fill out the required Venture Bank Health Savings Account Application. If you are an existing member updating your elections, you do not need to fill out the Venture Bank Application again.

I understand that by signing this Election Form I am authorizing any necessary pre-tax deductions required to pay for above elected benefit selections.

Employee Signature _____ Date _____
