HEALTH SAVINGS ACCOUNT EMPLOYEE CONTRIBUTION ELECTIONS FORM

(To be completed and returned to your employer)

Erdman Automation Corporation

ACCOUNT OWNER'S INFORMATION

Last Name **First Name** **Middle Initial**

Street Address

City **State** **Zip Code**

Social Security No. **Phone No**

CONTRIBUTIONS

X **I wish to contribute $ _____ to my HSA account each pay period on a pre-tax basis, I understand this amount will be deducted from my paycheck until I indicate otherwise**

_____ I wish to contribute $_____to my HSA account each pay period on a post-tax basis, I understand this amount will be deducted from my paycheck until I indicate otherwise

_____ I wish to make a single contribution of $_____to my HSA account on a __pre-tax or __post-tax basis. I understand this will be deducted from my paycheck one time only for the tax year ____

SIGNATURE

It is my responsibility to determine whether I am eligible to make a contribution to my HSA, and to determine whether contributions to this HSA have exceeded the applicable max annual limit

Account Owner Signature **Date**

Routing # **Account #**

By enrolling in payroll deductions to your HSA you certify that you are enrolled in a Qualified High Deductible Health Plan and have no other traditional medical or disqualifying coverage as defined by the IRS. You also recognize that it is your responsibility to remain within the maximum contribution limits set by the IRS each Calendar year. Erdman Automation is not held resposible for any violations of the regulations mentioned above and does not provide any finacial , legal or tax advice.