125 Health Savings Account Enrollment Form

NATIONAL BENEFIT SERVICES, LLC
Customer Care • Knowledge and Expertise • Organizational Excellence

(Please complete this form and return it to your Human Resource Department)

Personal Information	Company Name		Employee Phone Number
	Employee Name (First Name, Last Name)		
	Street Address, City, State Zip		
	Email Address (Required for ACH claim payment notification)		Social Security Number (Required)
	Date of Hire (Required)	Date of Birth (Required)	Status ☐Single ☐Family
Benefit Election	☐Initial Request ☐New Year Request ☐Waive Participation If you are part of a company health insurance plan your insurance premiums will automatically be paid pre-tax by payroll deduction. You may also choose any of the following benefits to add to your pre-tax deduction: ☐ Health Savings Account $_____._____ Per Year		
Employee Signature	I hereby authorize the appropriate payroll reductions as my contribution(s) to the Health Savings Account until changed by me in writing. I recognize that such payroll reductions shall be adjusted automatically in the event of a change in the insurance premiums of the benefits I have selected. I will only use the Health Savings Account for eligible expenses under the plan, and understand I will be responsible to pay for any transactions not allowed by the plan. In addition, I authorize the release of medical and account information to my spouse (if applicable).		
	Employee Signature		Date

Welfare-510 (07/2011)

Please return to your Human Resource Department

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