Health Savings Account Enrollment Form
2019-2020

LINCOLN COUNTY SCHOOL DISTRICT
HAWK POINT • MOSCOW MILLS • TROY

Follow these easy steps:

1. Complete all entries on this Enrollment Form.
2. Sign and date this form.
3. Submit it to your Human Resources Department.

For Employer Use ONLY:	
Date of Hire:	
Benefits Effective Date:	

Health Savings Account Qualification:

Your Health Savings Account is your financial asset even if you change employers or health plans.
To open a Health Savings account, please note the following important information:

* You must be covered by a qualified high deductible health plan.
* You cannot be covered by another health plan, including Medicare or FSA.
* You cannot be claimed as a dependent on another individual's tax return.
* For the tax year 2019, the maximum aggregate annual contribution that an individual can make to an H.S.A. is:
    * Single Coverage : $3,500
    * Family Coverage: $7,000
    * Catch-Up Contributions for Individuals age 55 and older: $1,000

Please complete this form and return to the HR Department no later than **May 9, 2019.**

Employee Information:

Name: _____

Phone: _____

SSN: _____

DOB: _____

Address: _____

City, State, Zip: _____

Coverage: ☐ Single ☐ Family

Enrollment: ☐ New ☐ Re-Enrollment

Contribution Election:

The LCR3 School District will contribute $21.00/month during the 2019-20 plan year for each month an employee is enrolled in the qualified high deductible health plan (option #1).

I. Monthly employee contribution _____

II. Number of regular pay periods (10 or 12) _____

III. Annual contribution (I multiplied by II) _____

Authorization and Certification:

I accept the terms of this enrollment form. I understand that:

*I am authorizing my employer to reduce my compensation by the amount specified.
* I understand that the elections above will be taken from my paycheck pre-tax.

_____ _____

Employee Signature | Date