



THE STATE OF WYOMING

# Department of Administration and Information Human Resources Division – Employee Benefits

## HEALTH SAVINGS ACCOUNT (HSA) ELECTION FORM

- New Election  
 Revised Election

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Agency Name and Number

Initial Deposit Amount (if different than subsequent monthly amount):	\$
Monthly Deposit Amount:	\$
Monthly Catch-up Amount—Age 55 & over 2009 - \$1,000 Annual Maximum 2010 - \$1,000 Annual Maximum 2011 - \$1,000 Annual Maximum	\$

**It is the responsibility of you, the employee to monitor and maintain your health savings account:**

Maximum deposit:

2009=\$3,000.00 for single contracts and \$5,950.00 for family contracts

2010=\$3,050.00 for single contracts and \$6,150.00 for family contracts

- Avoid penalties by using health savings account monies to pay for qualified medical expenses only.
- Retain records of all transactions for possible IRS auditing purposes.
- Funds are only available as deposited.
- See IRS Regulations for eligibility and participation in an HSA (<http://treas.gov/offices/public-affairs/hsa> )

<b>Bank Account Information</b>	<b>Mellon Financial Corporation</b>
Name and address of financial institution if different than Mellon Financial Corporation	_____
Account Number*	_____
ABA Routing Number*	_____

***\*A voided check or copy of a voided check must accompany this form.***

The State of Wyoming maintains no liability regarding the Health Savings Account outside of direct depositing designated funds as requested by the employee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date