



Health Savings Account (HSA) Enrollment and Payroll Deduction

- Please complete this form if you have elected the MMO CDHP
- This form allows you to have HSA contributions deducted from your paycheck **pre-tax**
- If you are over the age of 55, you may contribute an additional \$1,000 annually
- Please use the following chart to review the maximum amount you may contribute to your HSA:

MMO Plan	HSA Maximum Effective 1/1/11	Annual Employer Contribution	Annual Amount You May Contribute
MMO CDHP Single	\$3,050	\$800	\$2,250
MMO CDHP Family	\$6,150	\$1,600	\$4,550

Account Holder Information

Name: Last		First		MI	
Date of Birth (MM/DD/YYYY)	Social Security Number	Telephone Number	Employee Campus: <input type="checkbox"/> Main Campus <input type="checkbox"/> Health Science Campus		
Street Address					
City		State		Zip Code	

Payroll Deduction (Please check one):

<input type="checkbox"/>	I would like the following PER PAY amount deposited into my HSA account via payroll deduction: \$ _____
<input type="checkbox"/>	I do not wish to contribute any additional money to my HSA at this time

Authorization

Enrollment Election
I want to establish a Health Savings Account "HSA" at Wells Fargo Bank, N.A. ("Wells Fargo"). I certify that I am eligible to contribute to an HSA under Internal Revenue Section 223. I understand that I may access the agreements governing my HSA via the wells Fargo Health Account ManagerSM web portal online at www.wellsfargo.com/hsa or by calling (866) 890-8390. I further understand that a copy of the agreements governing my HSA will be sent to me in a "welcome packet" after my HSA is opened and that I will have seven (7) business days to revoke my HSA after the welcome packet is sent.

Appointment of Employer as Special Agent for Account Opening Purposes
By signing below, I appoint The University of Toledo ("Employer") as my special agent for purposes of opening a Wells Fargo HSA. As my special agent, Employer will receive notice from Wells Fargo on my behalf, which explains that, consistent with its efforts to help the government of the United States fight money laundering activities and terrorism funding, Wells Fargo obtains, verifies, and records information to identify each individual who opens a Wells Fargo HSA. I hereby provide the Identifying Information listed in Item 3 below to Employer and authorize Employer to forward this information to Wells Fargo on my behalf in furtherance of my establishing a Wells Fargo HSA.

Signature of Employee
By signing below, I agree to the above. I also authorize Wells Fargo to make inquiries that it considers appropriate to determine if it should open and maintain my HSA.
I hereby authorize UT to deduct the amount(s) above from my pay and remit such amount(s) to Wells Fargo for deposit into my HSA.

Signature Date Signed