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|  | BASIC HSA Department  9246 Portage Industrial Drive  Portage, MI 49024  [www.basiconline.com](http://www.basiconline.com)  [hsa@basiconline.com](mailto:hsa@basiconline.com)  Phone: 888.472.4001  Fax: 269.488.6749 |

Dear HSA Participant:

This form is to setup your HSA bank account with Fifth Third Bank and establish contributions.

**Important information:**

* If you or your spouse have an FSA then you are **NOT** eligible to make or receive HSA contributions.
* If you anticipate/plan on enrolling in Medicare and/or Social Security during the 2017 calendar year, there is important information you need to know. Please see your HR Department before signing up for HSA.
* For more information go to [www.medicare.gov](http://www.medicare.gov)
  + Click on: Sign up/change plan; When & how to sign up for Part A & Part B; When can I sign up for Part A & Part B; Signing up for Medicare – special condition; see the bottom of the page regarding HSA’s.

For tax year 2017, the maximum aggregate annual contribution that an individual can make to an HSA is:

* Single Coverage: $3,400
* Family Coverage: $6,750
* Catch-up Contributions for Individuals age 55 and older: $1,000

**Please fill out the information below and the attached Fifth Third Bank HSA application. Please return your completed forms to your employer.**

* You can use this calculator to determine your HSA contribution: <https://www.mywealthcareonline.com/fifththirdhsa/Resources/HSAResources/WhatismyHSAContributionLimit.aspx>
* If you have any questions please contact BASIC at the contact information above.

**PLEASE PRINT CLEARLY**

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| Company Name: |  |
| Employee Name: |  |
| Employee SSN: |  |
| Employee Annual Contribution:   * *This is your annual payroll deduction to contribute to your HSA in 2017* * *Your deduction will be divided equally over the number of pay periods during the year or those remaining in the calendar year* |  |

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| --- | --- |
| Employee Contribution Payroll Frequency: (weekly, bi-weekly, semi-monthly, monthly, annually) |  |

**Employer Contributions** (if applicable)

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| --- | --- |
| Employer Annual Contribution for this Employee: |  |
| Employer Contribution Payroll Frequency: (weekly, bi-weekly, semi-monthly, monthly, annually) |  |