## This form is for Employees on the High Deductible HSA plan electing to contribute to:

Health Savings Account, Limited Purpose Flexible Spending Account

A Health Savings Account (HSA) is a tax-exempt trust or custodial account you set up with a qualified HSA trustee (Health Equity) to pay or reimburse certain medical expenses you incur. You must be an eligible individual to qualify for an HSA.

A limited purpose flexible spending arrangement or account (limited purpose FSA, or LPFSA) is a special type of FSA that you can use when you have a health savings account (HSA).

Employee Last Name	En	nployee First Name	Employee Middle Initial
	2022 Or	oen Enrollment Electic	on Form
Fo	or the Plan Year	January 1, 2022 to De	ecember 31, 2022
date of coverage	e. If your annual ele	our elected pay periods in tection amount cannot be diclosest whole number.	he calendar year from the effective ivided equally per pay period, your
Health Savings Account – Only if you are on the Simply Blue HSA (High Deductible PPO Plan) and contributing dollars above KRESA's contribution			
	\$	Total Ann	ual Election
. □ I am	age 55 or olde	er	
Note: The annual maximum an employee can contribute cannot exceed \$3,650 for Single or \$7,300 for 2 Person or Family.  ***Age 55 or older can contribute an additional \$1,000.			
Limited Polysion Expension Plan)	urpose Flexible ses – Only if you	Spending Account car are on the Simply Blu	n only be used for Dental and le HSA (High Deductible PPO
	\$	Total Annual	Election
Note: The annual maximum cannot exceed \$2,750.			
Deduction Au	thorization		
		o RESA to reduce my earn ecember 31, 2022 by the a above.	
Employee Sign	nature	Ţ	Date