

Southern Methodist University

2008 Health Savings Account Contribution Election Form

Please complete (*print*) this form in blue or black ink. Sign the form, make a copy for your records and return with your other New Hire Enrollment forms to the Human Resources Benefits Office.

Employee Information

Employee's Legal Name (Last/First/Middle Initial)	SMU ID	Campus Phone
Mailing Address	Payroll Cycle <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly	
City	State	Zip

Health Savings Account Contribution Election

I have elected to enroll in the \$2,500 Deductible Medical Plan with the Health Savings Account (HSA) for the 2007 Plan Year. I understand that the maximum amount I can contribute to my HSA for the 2007 Plan Year is up to \$2,500 for individual coverage or up to \$5,000 for family coverage.

For the 2007 Plan Year, I wish to contribute the following annual amount to my HSA:

- \$_____ (maximum of up to \$2,500 for individual coverage or up to \$5,000 for family coverage)

Employee Authorization

I authorize any health care provider, insurance company, or other organization, institution, or person that has any information regarding my benefit eligibility or claims to release such information to the claims administrator. A photostat copy of this authorization shall be considered as effective and valid as the original. I understand that I have a right to receive a copy of this authorization upon request.

My signature below affirms that all information and statements on this form are full, complete, and true to the best of my knowledge. I understand that any misrepresentation on this document may be cause for dismissal and may result in my coverage being void as of its effective date with no benefits payable.

I authorize Southern Methodist University to reduce my pre-tax pay to pay for the Medical coverage benefits I have elected. I further authorize Southern Methodist University to continue these pre-tax payroll deductions until such time as I elect to change or stop such elections.

Employee Signature: _____

Date: _____