☐ New Application
☐ Change in Amount

Yale University Benefits
2012 Health Savings Account (HSA)
Payroll Reduction Authorization

(To be used with the Aetna Health Savings Plan)

Participant _____ Employment Date _____
(Last) (First) (Middle)

Department _____ Phone Number _____

Employee Number _____ ***OR*** SS#: _____

I hereby authorize Yale University to reduce my salary or wages during 2012 by the annual amount designated below to fund my HSA Account.

Up to $3,100.00 per single coverage	_____
Up to $6,250.00 for 2 person/family	_____
*One $1,000 catch-up per account	_____
Total amount	_____

*Catch-up amount is for individual between ages 55 – 65 during 2012 calendar year.

Please deduct this annual amount during the 2012 calendar year as follows (Check one)

_____ Deduct during remainder of year _____ Deduct the entire amount in the first month

_____ Deduct over the first two months _____ Deduct over the first three months

HSA money will not be available until after it has been credited to your HSA account. Account is subject to approval by Aetna.

Note: *This salary reduction election is subject to the terms and conditions of Yale's cafeteria plan including any restrictions on pre-tax elections.*

Participants **cannot** be collecting social security and/or enrolled in Medicare A or B plan, or covered by another health plan (unless it is also a high deductible health plan or a plan providing specific, limited coverage), or claimed as a dependent on another person's tax return. I verify that eligible expenses will not be reimbursed through another plan such as a flexible spending account, and I understand that I must use my HSA money for qualified medical expenses including the deductible amount under my high deductible health plan.

Participant (Employee) Signature _____ Date_____

Fax this form to Employee Services at (203) 432-5153 or call (203) 432-5552 with questions.

Section to be completed by Employee Services:
COVERAGE EFFECTIVE DATE_____ **Processed by:** _____