



2021 HEALTH SAVINGS ACCOUNT ENROLLMENT/CHANGE FORM

Enrollment in the Basic or Standard High Deduction Health Plan (HDHP) qualifies you to participate in a Health Savings Account (HSA). The Christ Hospital Health Network (TCHHN) has established a relationship with PNC Bank. Electing to contribute to an HSA through the TCHHN pre-tax payroll deduction automatically sets up an account with PNC Bank and deposits funds to a new or existing account.

Complete & Scan/Email to: TotalValue@TheChristHospital.com or FAX: 513-263-1581

Employee Name (Last Name First Name, Middle Initial)	Employee ID #	Work Phone #
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HSA Annual Maximums

In 2021, the annual maximum contributions to an HSA is \$3,600 for employee-only and \$7,200 for employee + domestic partner coverage or family coverage. This includes both employee and employer contributions. The catch-up contribution provision of \$1,000 per eligible account for individuals 55 years of age or older. A minimum per pay deduction of \$5.00 is required.

TCHHN Bi-Weekly Contributions

Basic HDHP with HSA

Employee only / Employee + Domestic Partner	\$0.00
Employee + 1 / Family	\$0.00

TCHHN Bi-Weekly Contributions

Standard HDHP with HSA

Employee only / Employee + Domestic Partner	\$19.25
Employee + 1 / Family	\$38.50

Change or Cancel Current Contribution

Change current election of \$ _____ per pay period, to \$ _____ effective ____ / ____ /2021.

- By entering an amount and signing below, I wish to establish an HSA with PNC Bank as custodian.
- Yes, I understand the eligibility requirements for deposits made to my Health Savings Account (HSA) and state that I qualify to make deposits to this account. I have reviewed this information and understand and agree that my HSA will be opened under and governed by PNC Bank's Custodial and Deposit Agreement. Terms of this Agreement will be binding on me unless I close my account within 30 days. This document will be sent to me when my account is opened, along with PNC Bank's Privacy Policy and Schedule of Fees.
- I authorize PNC Bank to provide information about my HSA, including my account number, to my employer (if applicable) and those acting on behalf of my employer or PNC Bank (if applicable), in connection with the establishment and maintenance of my HSA.
- I acknowledge that my employer and all others acting on behalf of my employer (if applicable), may provide information on my behalf to establish and maintain my HSA.
- I understand my monthly account statements will be made available to me electronically. I agree to notify PNC Bank if I wish to have statements mailed to my home address.
- I certify that the information provided to my employer is true and complete.
- Per THE USA PATRIOT ACT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open the account, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Electing to contribute to a HSA through pre-tax deduction automatically sets up an account with PNC Bank and deposits funds to a new or existing account.

IMPORTANT: TCHHN cannot process your HSA without your signature. By electing a pre-tax HSA savings account you agree that the company and its HSA provider can rely on your confirmation as signature for authorization of withdrawals or other transactions on your account at PNC Bank.

I understand my contribution to the Health Savings Account can only be used to reimburse qualified expenses defined by the Internal Revenue Code. I further understand that I am responsible for maintaining all records associated with my HSA for audit by the IRS. Consult your tax advisor to determine how your HSA affects your unique tax circumstances.

Your Signature: _____ **Date:** _____