HSA/VEBA Contribution Election Form

HR Office: 702 3rd Ave South
Virginia, MN 55792
218.749.2912 or 800.662.5711

Account Holder Information

Name (First, MI, Last):
Physical Address (Cannot be PO Box):
Personal Email address (required):
Social Security Number:
Phone Number:
Date of Birth (mm/dd/yyyy)
Marital Status: ☐ Single ☐ Married

Personal Contribution

I wish to contribute $0.00 to my HSA account each pay period on a pre-tax basis (enter $0 for no personal contribution). I understand that this amount will be deducted from my paycheck until I indicate otherwise.

Employer Contribution

Upon passing probation, you are eligible for Employer Contributions. Select the account option you are electing:

Health Savings Account 100% ☐
VEBA 100% ☐
Health Savings/ VEBA 50/50 Split ☐

Authorized Signature

By signing this application I represent that: 1) I am covered under a high deductible health plan (HDHP); 2) I am not covered by any other health plan that is not an HDHP; 3) I am not enrolled in Medicare; 4) I cannot be claimed as a dependent on another person's tax return; and 5) I will read and agree to the HSA Custodial Agreement and Disclosure Statement on the WEX Health, Inc. Participant Portal. I understand that if my spouse is enrolled in a general-purpose FSA (a non-HDHP), I am not eligible to contribute to an HSA. I understand my Health Savings Account will be set up effective the first day of the month following the date the Enrollment Application is signed. Further, I understand that my Health Savings Account cannot be effective prior to my HDHP coverage date.

Account Owner Signature Date