

2020

Health Savings Account

\$3,550 maximum limit for self-coverage insurance.

\$7,100 maximum limit for family coverage insurance.

\$1,000 HSA catch-up contribution – Age 55 and older.

I wish to contribute \$_____ to my HSA account each pay period on a pre-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise or the end of 2020.

I wish to make a single contribution of \$_____ to my HSA account on a pre-tax basis. I understand this amount will be deducted from my paycheck one time.

Flex Spending Account – Health

\$2,700 maximum limit.

I wish to contribute a total of \$_____ during the plan year to my Medical Flexible Spending Account. The amount will be deducted from my pay throughout the plan year. I understand that my amount will remain in effect for the entire plan year unless I experience a change in status as defined by the IRS. It is also my understanding that any funds remaining in my account at the end of the plan year will be forfeited.

Flex Spending Account – Dependent Care

\$5,000 maximum limit.

I wish to contribute a total of \$_____ during the plan year to my Dependent Care Flexible Spending Account. The amount will be deducted from my pay throughout the plan year. I understand that my amount will remain in effect for the entire plan year unless I experience a change in status as defined by the IRS. It is also my understanding that any funds remaining in my account at the end of the plan year will be forfeited.

Print Name _____ L Number _____

Signature _____ Date _____