

☐ Initial Enrollment ☐ Change in Contribution

Medical Mutual Health Savings Account (HSA) Enrollment Form

Member Information – All Fields Must be Completed			
Employee First Name	Employee Last Name	Middle Initial	Birthdate (MM/DD/YYYY)
Street Address	City	State	ZIP
Primary Phone	Email		

Authorization			
<p>IMPORTANT: Please read the following before signing this enrollment form.</p> <p>I understand the eligibility requirements for contributions made to my health savings account (HSA) and state that I qualify to make contributions to this account.</p> <p>Per IRS publication 969, to qualify for an HSA:</p> <ul style="list-style-type: none">• You must be covered under a high deductible health plan (HDHP) on the first day of the month.• You have no other health coverage except what is permitted under other health coverage.• You are not enrolled in Medicare.• You cannot be claimed as a dependent on someone else's tax return for the prior year or currently. <p>I assume complete responsibility for:</p> <ul style="list-style-type: none">• Determining my eligibility for an HSA each year a contribution is made.• Ensuring all contributions made to my account are within the limits set forth by the tax laws.• Any tax consequences of contributions (including rollover contributions) and distributions. <p>I understand federal law requires financial institutions to obtain, verify and record information that identifies each person with an account. I also understand I may be required to provide identifying information (e.g. Social Security number, address and date of birth) when making inquiries about my account. I understand any personal information obtained will not be shared with anyone, including non-affiliated third parties, except as permitted by law.</p> <p>I understand that by enrolling in the HSA, if I currently have a 2020 Medical Mutual health flexible spending account (FSA), any money remaining in the FSA will be forfeited Jan. 1, 2021, to maintain HSA plan eligibility.</p> <p>I understand that, upon enrollment, I will be issued an Avidia Bank card for use with my HSA. I understand I am responsible for determining if an expense is an eligible medical expense and maintaining proper documentation for tax reporting and potential audit purposes.</p> <p>I understand I am establishing an HSA with Avidia Bank, in conjunction with my Medical Mutual health plan. Funds are FDIC insured by Avidia Bank up to the legal limits allowed.</p> <p>I understand for my employer to complete my request of payroll deduction to my HSA, I need to enroll in the Medical Mutual HSA, issued by Avidia Bank.</p> <p>I understand Medical Mutual is sharing my name, address and Social Security number as it appears in Medical Mutual's membership system with Avidia Bank. Medical Mutual HSA operations will share with my employer the status of my HSA (open or not open). If Avidia Bank needs more information to open the HSA, Avidia bank will contact me directly.</p>			
Employee Signature	Date (MM/DD/YYYY)		

2021 Medical Mutual HSA Per-Pay Contribution Amount	\$
2021 Medical Mutual HSA Annual Contribution Amount	\$

(See back of form for how to calculate your contribution.)

☐ Monthly ☐ Biweekly ☐ Single ☐ Family

For questions about this form, call 1-800-522-2037 or email MySpendingAccounts@MedMutual.com.

Calculating Your HSA Contribution

HSA contribution limits are based on IRS regulations. For 2021, Baldwin Wallace University will contribute up to \$750 for a single plan and \$1,500 for a family plan. See the chart below for your 2021 HSA contribution limits.

	Single	Family
2021 IRS HSA contribution limit	\$3,600	\$7,200
Baldwin Wallace University maximum HSA contribution	\$750	\$1500
Maximum you can contribute to your HSA	\$2,850	\$5,700

Important: You don't have to contribute additional money toward your HSA. If you choose to contribute, you can contribute any amount up to the maximum per-pay contributions shown below.

Once you determine your contribution amount, please enter both your per-pay and annual contribution amounts in the Contribution Amount boxes on the other side of this document. Your annual contribution amount is calculated by taking your per-pay contribution amount multiplied by your total number of pays –12 pays for employees paid monthly or 26 pays for employees paid biweekly.

Maximum per-pay contribution for employees paid monthly				
Individual Under 55 \$2,850	Individual 55 Plus Catch Up	Family Under 55 \$5,700	Family 55 Plus Catch Up	55 Plus Catch Up Only
\$237.50	\$320.83	\$475.00	\$558.33	\$83.33

Maximum per-pay contribution for employees paid biweekly				
Individual Under 55 \$2,850	Individual 55 Plus Catch Up	Family Under 55 \$5,700	Family 55 Plus Catch Up	55 Plus Catch Up Only
\$109.61	\$148.07	\$219.23	\$257.69	\$38.46

Factors That Can Influence Your HSA Contribution

The maximum amount of your HSA contribution may be affected by the number of months you are eligible to contribute to your HSA. Your eligibility is based on your coverage status on the first day of the HSA plan month. Your contributions may to be prorated based on when you start or end your HSA contributions.

Examples of when your HSA contributions may be prorated:

- You are over age 55 and plan on retiring in 2021
- You are in the HSA-compatible plan effective Jan. 1, 2021, but choose to begin HSA contributions later in the plan year
- You join the HSA-compatible plan after the Jan. 1, 2021, plan-year start date (i.e., new hire, change in coverage)

Please contact your Human Resources department for help in calculating your per-pay and annual contribution amounts.