



HSA Contribution Form

NAME: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 HOME PHONE: (____) _____ *ACCOUNT # _____

I elect an **annual** contribution of \$ _____ for calendar year 2019.
 * The annual amount elected will be divided equally between 12 pay periods for the calendar year.

- THE CITY WILL CONTRIBUTE AN ADDITIONAL \$300 IF YOU COMPLETE THE WELLNESS PROGRAM.
- FUNDS ARE FULLY VESTED.
- PENALTIES APPLY IF USED FOR NON QUALIFIED EXPENSES.

Contribution Limits

Coverage Level	Annual IRS Contribution Maximum	City Annual Contribution (Non-Wellness)	Member Contribution Maximum (Non-Wellness)
Member Only	\$3,500	\$200	\$3,300
Member + Dependents	\$7,000	\$700	\$6,300
Catch-Up Contributions (age 55+)	\$1,000		\$1,000

I hereby waive any deductions towards my HSA account.

Signature _____ Date: _____

By signing this form, I authorize the Employees' Retirement Fund to deduct the elected amount divided equally between 12 periods. I hereby consent that all personal information and selections made are correct.

Signature: _____ Date: _____

Please return the completed form to the Benefits Service Center.

Department of Human Resources – Benefits Service Center
 1500 Marilla Street, ROOM 1DS
 Dallas, TX 75201
 PHONE: 214-671-6947 OPTION 1
 FAX: 214-659-7098
 EMAIL: hrbenefits@dallascityhall.com

***Note:** For assistance locating your Account # on your pay stub, please contact the Employees' Retirement Fund at 214-580-7700 or Retirement_Fund@DallasERF.org. For all other inquiries, please contact the City of Dallas Department of Human Resources.