Jane Gile
Human Resources Director

CITY OF MANCHESTER
Human Resources Department

FOR WATER UNION HIRED AFTER 7/31/13
and
PDSS UNION HIRED AFTER 10/15/13

In order to enroll into the City of Manchester's Health Savings Account, this form, along with the Anthem Enrollment/Change Form must be signed, dated and returned to Human Resources.

I understand I need to meet the following deductible effective July 1, 2016 before all of my in-network costs are covered at 100% for the plan year 7/1/2016-6/30/2017:

$ 2,000 for a 1 person plan
$ 4,000 for a family plan *(a family consists of 2 or more individuals)*

I understand that the City of Manchester is funding my HSA for the plan year 7/1/2016-6/30/2017 as follows:

1 person plan $1,300 total ($ 650 in July 2016 and $130 for the next 5 months)
Family plan $2,600 total ($1,300 in July 2016 and $260 for the next 5 months)

HSA Requirements

- I understand I or any family member covered by my plan cannot have an FSA (Health Flexible Spending Account).
- I and my covered family members are not covered under any other medical plan that is not an HSA – compatible health plan.
- I am not enrolled in Medicare Part A nor Medicare Part A and B; nor are any covered dependents.
- I am aware that I can only use my H S A funds for my spouse and the dependents I claim on my tax return.
- I am not eligible to be claimed as a dependent on another individual's tax return, nor are any covered dependents.
- I am a US resident and not a resident of Puerto Rico or American Samoa nor are any covered dependents.
- I have not received any veteran's benefits within the last 3 months nor have any covered dependents.
- I am not active in the military nor are any covered dependents.

Employee Name Employee Signature Date

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