University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

EMPLOYEE SERVICES

Health Savings Account (HSA) Authorization Form

(This form is only to be used for December, 2016 payroll deductions.)

1. You must be enrolled in the CU Health Plan-High Deductible as a primary member to enroll in a Health Savings Account.
2. You may not exceed $3,350 for single coverage or $6,750 for family coverage during the 2016 calendar year. Primary members over 55 may contribute an additional $1,000 per year.
   Note: For more information, review our HSA webpage: https://www.cu.edu/employee-services/health-savings-account
3. Complete this form if you want to enroll, change or stop deductions for your HSA.
4. Review sign, and date the second page of this form.
5. Once your account is opened, you'll receive a welcome packet from Wells Fargo in the mail with information about using your HSA, creating an online account and the agreements governing your account.

Employee Information

Employee ID # _____ First Name _____ Last Name _____

Middle Initial ____ Phone Number _____ Email Address _____

Enrollment Type

(Select one)

- ☐ New enrollment
- ☐ Change in enrollment
- ☐ Stop contributions

Deduction

Your new HSA account/requested changes take effect the first day of the month following the receipt of this form. Deductions take effect on that pay period end date.

Select one box only and fill out the deduction amount(s).

☐ I elect to enroll in an **annual pledge** of $ _____ .

I understand my Annual pledge amount will take into consideration any deductions already taken in the current calendar year **plus** any pending deductions based on the receipt of this form.

☐ I elect to enroll for the **one-time lump sum** amount of $ _____ to be effective for the pay period that begins the first of the month following the receipt of this form. Thereafter, my Annual pledge will be $ _____ .

I understand my Annual pledge amount will take into consideration any deductions already taken in the current calendar year **plus** any pending deductions based on the receipt of this form, including this lump sum.

Acknowledgment

I understand and agree to the following:

1. I would like to open an Wells Fargo HSA, and I am eligible to contribute to an HSA.

2. I authorize the University of Colorado to act as my agent to open a Wells Fargo HSA for me and to send my name, residential address, date of birth, Social Security Number/Individual Taxpayer Identification Number, phone number, email address, country of citizenship and residency status to Wells Fargo. As an agent on my behalf, the University of Colorado will receive a notice from Wells Fargo, which explains that Wells Fargo will obtain, verify and record information to identify me before it opens my HSA. Wells Fargo does this to help the United States government fight money laundering activities and terrorism funding.

3. I agree that the University of Colorado will be my agent until the first of three events occurs:

   - I receive my HSA welcome packet from Wells Fargo.
   - I give the University of Colorado my written notice that I do not want the University of Colorado to act as my agent, and the University of Colorado has enough time to act on my notice.
   - I receive a notice from Wells Fargo that my application for an HSA has been declined.

4. I also authorize Wells Fargo to make any inquiries it considers appropriate to determine if it should open and maintain my HSA. This may include obtaining information from a credit reporting agency for identity verification and fraud protection.

Once your account is opened, you'll receive a welcome packet in the mail with information about using your HSA, creating an online account and the agreements governing your account. If you no longer want an HSA, you'll have seven business days after receiving your welcome packet to cancel the account.

If you have other questions or would like to review the agreements, visit www.wellsfargo.com/investing/hsa/ or call **1-866-326-7374.**

Authorization and Signature

By my signature below, I agree that for amounts paid after the date this agreement is effective, my salary will be reduced by the dollar amount elected herein. I am eligible to enroll in an HSA, and I have reviewed, understand and agree to the provisions listed under the Acknowledgment section of this agreement.

Employee Signature _____ Date _____

Submitting the form

Make a copy for your records and send the original:

By mail

Employee Services
University of Colorado
1800 Grant Street, Suite 400
Denver, CO 80203

By fax

303-860-4299

Keep a copy of the fax transmission report with your form for your records.

By email

Send an email to benefits@cu.edu