



Formerly SelectAccount®

## HEALTH SAVINGS ACCOUNT EMPLOYEE CONTRIBUTION ELECTION FORM

(To be completed and returned to your employer)

**Employer Name:** Ag Partners Coop

### ACCOUNT OWNER'S NAME AND ADDRESS

\_\_\_\_\_  
**Last Name** **First Name** **Middle Initial**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City** **State** **Zip Code**

\_\_\_\_\_  
**Social Security No.** **Date of Birth** **Daytime Phone** **Evening Phone**

### CONTRIBUTIONS

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.

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

### SIGNATURE

It is my responsibility 1) to determine whether I am eligible to make contributions to my HSA; And 2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.

\_\_\_\_\_  
Account Owner

\_\_\_\_\_  
Date

**Return this form to Ag Partners Human Resources Department**

7/2022