



STATE OF ARKANSAS

RETIREE or COBRA PARTICIPANT HSA CONTRIBUTION WORKSHEET

This form authorizes DataPath Administrative Services, Inc. to facilitate regularly scheduled electronic withdrawals from your personal checking or savings account for contribution to your Health Savings Account ("HSA").

Do not complete this form unless you have elected the HSA PPO option offered by NovaSys Health as a Retiree not Medicare Primary or COBRA participant. Active employees should NOT complete this form.

HEALTH SAVINGS ACCOUNT ELIGIBILITY INFORMATION: In order to establish an HSA, you must be classified as an "Eligible Individual" under IRC Section 223, its sub-sections and applicable rulings and provisions, collectively called the "Code". You are eligible for an HSA **ONLY** if you can meet the following requirements: (1) you are covered by a high deductible health plan ("HDHP") (the HSA PPO offered by NovaSys Health is a qualified HDHP); (2) you are not covered by another health plan that is not a HDHP; (3) you are not able to be claimed as a dependent by another taxpayer (excluding spousal dependents); (4) you are not entitled to benefits under Medicare.

By completing this agreement, you are indicating that as of the date of your first contribution, you are an "Eligible Individual" as defined above and authorize DataPath Administrative Services, Inc. to facilitate your monthly contributions to your HSA on your behalf.

PERSONAL INFORMATION

NAME: (please print) _____
(First) (M.I.) (Last)

MAILING ADDRESS: _____

PHONE: _____ E-MAIL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

HSA CONTRIBUTION ELECTION

I AUTHORIZE A MONTHLY CONTRIBUTION OF \$ _____ TO MY HSA VIA EFT (Electronic Funds Transfer) FROM THE ACCOUNT SHOWN BELOW.

The monthly contribution amount may not exceed 1/12 of the annual deductible of the HSA PPO plan.
 Single deductible of \$1,250 (\$104.16 monthly contribution limit) / Family deductible of \$2,500 (\$208.33 monthly contribution limit).
 Catch-Up contributions are allowed for Eligible Individuals who are 55 years of age or older but younger than 65 years of age.
Attention current MSA or HSA account holder with accounts at other financial institutions, please remember that the total annual contributions to all accounts may not exceed federally mandated limits.

ACCOUNT INFORMATION: Bank Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____
(First set of numbers on bottom of check) (Second set of numbers on bottom of check)

The monthly contribution should be withdrawn from my **(check one)** _____ **Checking** or _____ **Savings** account and should begin **(month / year)** _____ / _____ and will continue on a monthly cycle on the **(check one)** _____ **1st** or _____ **15th** of every month until notified by me, in writing. I understand that I must provide at least seven (7) days' notice in order to facilitate any change in my HSA contribution.

SIGNATURES

Signature: I certify by signing below that as of the date of the first deposit, I am an "Eligible Individual" as defined by the Code and do hereby elect a Health Savings Account in accordance with Section 223 of the Internal Revenue Code. I understand this HSA contribution will not be processed until all paperwork is signed and returned to the address below. I understand that I may change my contribution election amount upon providing sufficient notice. I further understand that I am responsible for all contributions made to my HSA and that DataPath Administrative Services, Inc. is facilitating but not initiating the contribution.

Signature: _____ Date: _____

Please return this form to: DataPath Administrative Services, 1601 Westpark Drive, Suite 9, Little Rock, AR 72204
Upon Enrollment in the HSA PPO & submission of this form, an HSA Welcome kit will be mailed to you, including the account application, account disclosure, interest rate, and fee schedule.
For more information, go to www.ArkansasHSA.com or call 1-877-685-0655.