

**WORTHINGTON CITY SCHOOLS  
HEALTHCARE SAVINGS ACCOUNT ENROLLMENT FORM 2008**

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

(Please Print)

Address \_\_\_\_\_

Phone \_\_\_\_\_ Building \_\_\_\_\_

\_\_\_\_\_ I have no medical coverage through Worthington Schools

\_\_\_\_\_ I have **single** medical coverage through Worthington Schools

\_\_\_\_\_ I have **family** medical coverage through Worthington Schools

**For the Calendar Year 2008, I elect the following:**

**(Please check choice)**

\_\_\_\_\_ I choose not to contribute to the Health Savings Account through payroll deduction. (If selected, then nothing else is necessary except signature at bottom)

\_\_\_\_\_ I am unable to contribute to an H.S.A. due to eligibility requirements. (**See other side**)

Certified employee: If selected, then nothing else is necessary except signature at bottom

Classified employee: If selected, then must follow up with American Fidelity Representative.(See WCA contract, Article 9.2)

\_\_\_\_\_ I choose to contribute to the Health Savings Account as follows: (see deduction info on back)

(1) \$ \_\_\_\_\_ to be deducted in 1 pay - January 30, 2008.

(2) \$ \_\_\_\_\_ to be deducted over 2 pay periods- January 30 and February 29, 2008

(3) \$ \_\_\_\_\_ to be deducted over 12 consecutive pay periods beginning January 15 through June 30, 2008

(4) \$ \_\_\_\_\_ to be deducted over 24 consecutive pay periods beginning January 15 through December 28, 2008

\_\_\_\_\_ I choose to make extra contributions to the Health Savings Account based upon the catch-up provision in the amount noted below. I qualify for the catch-up provision since I am age 55-65.

\$ \_\_\_\_\_ Catch up provision of \$900 for participants ages 55-65. 1 pay- **\$900**; 2 pays- **\$450**; 12 pays- **\$75.00**; 24 pays- **\$37.50**. **To be deducted in the same manner as the above election.**

By signing this election form, I agree to the withholdings or non-participation as noted. I further acknowledge that this election is binding until the next open enrollment period in November 2008 to take effect January 1, 2009 unless I have a qualifying event, and then I have only 30 days from the date of the event to make the change. Contact Dodi Zimmerman @ 883-3163 if you have a question or need to make a change.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**American Fidelity is administering the district's Section 125 Plan and collecting the H S A enrollment forms. Please return the completed H S A enrollment form to the American Fidelity representative at your individual meeting. Please do not return the H S A enrollment form to the Worthington School's benefit office. The American Fidelity rep. is not prepared to answer H.S.A. questions. Questions can be answered by attending the informational meetings or can be directed to Dodi Zimmerman @ 883-3163.**

**See deduction amount information on reverse side.**

**HSA Qualifications** – To be an eligible individual and qualify for an HSA (Health Savings Account), you must meet the following requirements:

- You have a high deductible health plan
- You have no other health coverage. (Example: If spouse has coverage and you are not covered under plan)
- You are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else's 2007 tax return.

**Deduction Amounts per the election chosen:**

The maximum deduction for single coverage is:

- \$330.00 (1 pay - \$330.00 January 30, 2008)
- \$330.00 (2 pays 165.00 ea; January 30<sup>th</sup> & February 29, 2008 )
- \$330.00 (12 Pays - \$27.50 pp; January 15, 2008 – June 29, 2008)
- \$330.00 (24 pays - \$13.75 pp; January 15, 2008 – December 28, 2008)

The maximum deduction for Family Coverage is:

- \$660.00 (1 pay - \$660.00 January 30, 2008)
- \$660.00 (2 pays 330.00 ea; January 30, 2008 & February 30, 2007)
- \$660.00 (12 Pays - \$55.00 pp; January 15, 2008 – June 29, 2008)
- \$660.00 (24 pays - \$27.50 pp; January 15, 2008 – December 28, 2008)

**\*Note: The annual maximums that the IRS has indexed for allowable contributions to the H.S.A. account for 2008 are: \$2,900.00 (Single) and \$5,800 (Family). You may make additional contributions to your Health Savings Account at Fifth Third Bank up to the maximums allowed for a tax savings amount above our deductible.**