

Advantage Medical Plan & Health Savings Account **Open Enrollment Form**

Employee Information

Name	Social Security Number
Street Address	
City, State, Zip	Email Address
Phone Number	Date of Birth

Advantage Medical Plan Coverage Level Election

Single
 Single+Spouse
 Single+Child(ren)
 Family

Attention: You will receive your medical insurance card from BlueCross and HSA information from Further by January 1, 2023.

Dependent Information (print clearly)

Last Name (if different)	First Name	MI	Age	Gender	Birth Date	Relationship	Social Security Number

Your HSA Contribution Election

By enrolling in the Advantage plan, you will automatically receive a St. Luke's contribution to your HSA as indicated by your coverage level election. If you wish to contribute to the HSA through payroll deduction, please elect below.

I wish to contribute \$ _____ bi-weekly to my HSA each pay period on a pre-tax basis. I understand that it is my responsibility to ensure that my HSA contributions have not exceeded the IRS maximums.

Attention: HSA contributions are subject to IRS maximums. Total contributions (your contributions plus St. Luke's contributions) cannot exceed the following IRS maximums.

Employee Advantage Plan Enrollment	2023 St. Luke's Contribution to the HSA (deposited bi-weekly)	2023 Maximum Annual Employee Contribution to the HSA	2023 Total HSA Maximum Contribution Limits
Single Coverage	\$19.23 bi-weekly (up to \$500 a year)	\$3,350	\$3,850
Single+Spouse or Single+Child(ren) Coverage	\$38.46 bi-weekly (up to \$1,000 a year)	\$6,750	\$7,750
Family Coverage	\$57.69 bi-weekly (up to \$1,500 a year)	\$6,250	\$7,750

Those ages 55 or older may contribute an additional \$1,000 beyond the limit as a catch-up contribution

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Employee Signature

Important – please review

This form only affects medical insurance. If you wish to enroll in dental insurance, you must complete a separate Dental Insurance Enrollment Form.

- I understand that I am establishing a health savings account (HSA) exclusively for the purpose of paying or reimbursing qualified medical expenses for myself (account holder), spouse, and eligible tax dependents.
- I understand that I am eligible to contribute to the HSA as I am enrolling in a qualified high deductible health plan.
- I am NOT covered by any other plan that is NOT a high deductible health plan (this includes a VEBA, an HCSP, and a medical flexible spending account and its grace period).
- I am NOT entitled to benefits under Medicare.
- I CANNOT be claimed as a dependent on another person's tax return.
- I understand my HSA total contributions (my contributions plus St. Luke's contributions) cannot exceed the IRS maximums and it is my responsibility to monitor my HSA contribution limits.

By emailing this form to EmployeeBenefits@slhduluth.com I authorize payroll deductions where applicable. Any intentional omission or misrepresentation may constitute insurance fraud which could result in possible criminal penalties, a claim for civil damages, and may also result in employment discipline up to and including termination.

Signature _____ Date _____

To be completed by employer

Effective Date:

1/1/2023

Effective date of coverage: 1/1/2023

Completed in Kronos