Appendix Z

Agency No.	
Deduction Effective Date	

ENROLLMENT AND CHANGE FORM

STATE OF KANSAS
HEALTH SAVINGS ACCOUNT (HSA)

Coverage Effective Date	
Coverage End Date	

EMPLOYEE INFORMATION (Must complete)

Employee ID No.	Name (Last, First, MI)	Social Security No.

NEW ENROLLMENT

TYPE OF ACTION (check one)

☐ Open Enrollment ☐ New Employee ☐ Other (specify) ____________________

Date of Hire _____/_____/_____ Date of Occurrence _____/_____/_____

	Semi-monthly Amount	Number of Pay Periods		Annual Amount
HEALTH SAVINGS ACCOUNT (Employee Only Coverage)	________._____	X ________________	=	$______________
HEALTH SAVINGS ACCOUNT (Dependent Coverage)	________._____	X ________________	=	$______________

CHANGE IN ENROLLMENT

Semi-monthly Amount

☐ Health Savings Account (Employee Only Coverage) from _______________ to _______________

☐ Health Savings Account (Dependent Coverage) from _______________ to ________________ Date of Occurrence ____________________

TYPE OF CHANGE (Check one)

☐ Name from ______________________________

☐ Leave Without Pay – Estimated Return Date _____/_____/_____

☐ Leave Under FMLA

☐ Return from Leave

☐ Change in Employment Status to ☐ Benefits Eligible Position ☐ Benefits Ineligible Position

☐ Termination

Requests for the following changes must be completed within 31 days of occurrence:

☐ Marriage of Employee ☐ Childbirth/Adoption

☐ Final Divorce of Employee ☐ Other (Specify) ____________________

☐ Spouse's Gain or Loss of Employment

AUTHORIZATION (Check one)

☐ I hereby authorize the salary reduction for the health savings account by the amount indicated above. I understand and agree to the terms of enrollment as listed on the reverse side of this form.

☐ I wish to discontinue my health savings account salary reduction as indicated above.

Date _______________ Signed ______________________________ Personnel Officer ______________________________

EMPLOYEE SIGNATURE – DO NOT PRINT Telephone Number ______________________________

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TERMS OF ENROLLMENT

HEALTH SAVINGS ACCOUNT

- You must be enrolled in the State of Kansas Coventry Qualified High Deductible Health Plan (QHDHP) in order to enroll in the Health Savings Account.
- Participation in the Health Savings Account means that your gross pay will be reduced by the amounts contributed to the accounts before federal, state, and FICA taxes are deducted.
- If the first salary reduction on your pay warrant does not match either the account or the amount on your Enrollment Form, it is your responsibility to contact your personnel office no later than 14 calendar days following the date the pay warrant was issued. If you fail to take this action, you waive your right to correct your election for the remainder of the current plan year.
- You cannot change or stop your election until the next open enrollment period unless you experience a qualifying event. The requested change must be consistent with the event.
- If you experience a status change, you must complete an Enrollment and Change Form within 31 calendar days of the event causing the change. You must provide supporting documentation of the event.
- Expenses for which you are reimbursed cannot be deducted on your federal and state income tax returns.
- You cannot be claimed as a dependent on someone else's tax return.
- You are responsible for managing and directing the Health Savings Account and for documenting the use of the Health Savings Account funds in the event of an IRS audit.
- You understand that when you enroll in the Coventry QHDHP with Health Savings Account you will be ineligible to participate in the KanElect Health Care Flexible Spending Account (FSA).
- You understand that if you are currently enrolled in the KanElect Health Care FSA and should have any unused funds in your Health Care FSA at the end of this plan year, you agree to waive your right for reimbursement for Health Care FSA qualified expenses incurred during the grace period of January 1 through February 28 of the next calendar year.
- You have read and agree to the plan provisions in the State of Kansas Employee Benefits Guidebook.