IN Tek & IN Kote OPEN ENROLLMENT HSA PAYROLL DEDUCTION CHANGE FORM
NON-REPRESENTED SALARIED EMPLOYEES EFFECTIVE JANUARY 1, 2020

IMPORTANT:
This form should only be used to change the amount of your HSA payroll deduction during Open Enrollment with an effective date of 1/1/2020.

Last Name:	First Name:	Middle Initial:
Social Security Number: - - __ __ __ __	Payroll No.	

HSA Payroll Deduction Change

Complete this section to change the payroll deduction amount currently being taken from your semi-monthly paycheck. Please contact Optum Bank for questions about your personal IRS Contribution Limit before filling out.

STEP 1: HSA ENROLLMENT TIER Please select your current enrollment tier level.	O A) Employee Only	O D) Employee Only Age 55+ ($1,000 Catch Up)
	O B) Other*	O E) Other* 55+ ($1,000 Catch Up)
	O C) Medicare Enrolled	
STEP 2: PAYROLL DEDUCTION** I hereby instruct IN Tek & IN Kote USA to direct the following amount into an HSA account in my name with Optum Bank. **PLEASE SELECT EITHER A OR B	O A) Annual Maximum (divided evenly per pay period)	O B) $_____Per pay period (must not exceed annual employee contribution defined below)

IRS ANNUAL HSA LIMITS

TIER	IRS LIMIT	COMPANY CONTRIBUTION	EMPLOYEE MAX
Employee Only	$3,550	$500	$3,050
Employee Only Age 55+	$4550	$500	$4,050
Other*	$7100	$1,000	$6,100
Other* Age 55+	$8,100	$1,000	$7,100

*Other includes employee + spouse, employee + child(ren) or employee + family

I certify and acknowledge the following:

1. I have elected to be an active participant in the IN Tek & IN Kote 2020 Consumer Driven Health Plan and did not waive coverage on the Company's 2020 Open Enrollment Healthcare Eligibility Change Form.
2. I have no other health insurance coverage except what is permitted as 'other coverage' under Code Section 223 (with permitted other coverage including dental, vision, and long-term care insurance coverage).
3. I am not enrolled in Medicare.
4. I am not claimed as a dependent on someone else's tax return.
5. My spouse and I are not participating in a full purpose Healthcare Flexible Spending Account (as distinguished from a limited purpose Healthcare Flexible Spending Account which only covers qualifying dental and vision expenses for you, your spouse, and your eligible dependents).
6. I authorize a Health Savings Account (HSA) to be opened at Optum Bank, adhering to Optum Bank's terms and conditions. I understand that, in compliance with the USA Patriot Act, Optum Bank must verify the identity of all customers seeking to open an HSA. As part of this identity verification process, I may be asked to provide additional information and/or documentation before my account can be established.
7. I agree to notify the Company's HSA Plan Administrator in writing when I am no longer eligible to contribute to an HSA.
8. I understand that I may change my payroll deduction contribution amount at any time during the year by completing the Non-represented Salaried Health Savings Account Payroll Deduction Change Form.
9. To the extent necessary to implement coverage and in accordance with rules set forth in the HIPAA Privacy Regulations, I authorize UMR, CVS Caremark, and Optum Bank to request and use any medical, health, employment, and/or insurance information necessary to complete my enrollment, process my claims, provide benefits, and administer benefits.
10. I understand that the HSA is a personal savings account and I am solely responsible for meeting the eligibility requirements for the Internal Revenue Code in order to qualify for the tax benefits for the HSA as well as any penalties that may be assessed if I contribute to an HSA but am not eligible to do so.

I have read and understand the information on this form and I certify the information I have provided on all parts of this form is true and correct. Additionally, I hereby authorize Shared Services to process the payroll deduction that is reflected above.

Employee Signature:____Date: ______________________

Retain proof of submission - E-Mail: HUMAN_RESOURCES.com Fax: **574-654-1043 Change will be effective 1/1/2020. For Any Additional Questions: Contact HR at 574-654-1044**