Print Form

State of Arkansas HSA Election Change Form

Follow these easy steps:

1. Complete all entries on this Enrollment Form. Please print.
2. Sign and date this form.
3. Submit it to your Human Resources Department

For Employer Use	
Date of Hire (MM/DD/YYYY)	
Benefits Effective Date (MM/DD/YYYY)	

Personal Information

Employee Name (last name, first name)		Social Security Number	
Street Address (cannot be PO Box)		City, State, Zip Code	
Mailing Address (if different)		City, State, Zip Code	
Day Time Phone Number		Email Address	
Date of Birth (MM/DD/YYYY)			

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Health Savings Account Qualification

Your Health Savings Account is your financial asset even if you change employers or health plans. To open a Health Savings Account through the State of Arkansas benefits program, you must meet three criteria:

1) You must be enrolled in the AR Classic Plan or AR Basic Plan.
2) You cannot be covered by another health plan, including Medicare or Flexible Spending Account. (You may be covered by a Limited Use Flexible Spending Account or Limited Use Health Reimbursement Arrangement.)
3) You cannot be claimed as a dependent on another individual's tax return.

Health Savings Account (HSA) Contribution Change Request

☐ I elect to change my HSA contribution amount per pay period to $__________, effective the next available pay period.

☐ I elect to restart contributions to my HSA account in the amount of $__________ per pay period, effective the next available pay period.

☐ I elect to stop all contributions to my HSA account effective the next available pay period. I Understand I may restart HSA contributions at any time if I am eligible to do so by completing a new HSA Election Change Form.

Authorization and Certification

I accept the terms of the ConnectYourCare HSA enrollment form. I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified. I understand the HSA election I have made will remain in place from year-to-year until I notify my employer of a change to my HSA election.
- I must report any administrative errors to my payroll administrator or HR department within 10 days of my first payroll deduction of the plan year.

I will receive a ConnectYourCare Payment Card to access funds in my account. I certify that:

- The card will only be used for eligible medical expenses.
- Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits.

_______________________________________ Employee Signature

_______________ Date

*The total combined amount of both employer and employee contributions cannot exceed IRS maximum contribution limits. For 2020, the limits are $3,550 for self-only coverage, and $7,100 for family coverage. There is an additional $1,000 'catch-up' contribution amount available to those age 55 and older.

IRS regulations are indexed annually for inflation. If you want to contribute the total annual amount for a tax year in which you were only HSA eligible for a portion of that year, you must remain HSA eligible through the end of the next tax year or face tax penalties.