How To Enroll, or Make Changes to HSA





HEALTH AND WELFARE - MEDICAL	/					
 CONSUMER HEALTH AND SAVINGS ACCOUNTS - HEALTH SAVINGS ACCOUNT 	1. Which plan would y	ou prefer?				
HEALTH AND WELFARE - DENTAL	PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
HEALTH AND WELFARE - VISION	HSA, Office	HSA Bank	\$10.00	\$9.62	July 1, 2019	ENROLLED
			Selec	t to end your HSA enrollmer		MOVE ENROLLMENT
	How much would you like to contribute? Your estimated annual contribution can be any amount from \$160.00 up to \$3,300.00. Your employer will contribute an annual total of \$250.00, distributed as Annual payment(s) to your account. For the ENTIRE YEAR, I want to contribute:					
	Maximum yearly go	bal				
	Enter a different an	nount				
			Payments	Annual Contribution	Year-to-date	
	Per Pay Period	¥10.00	x 10	\$100.00	+\$160.00	\$260.00
	Your contribution					\$260.00
	Employer Cost					\$250.00
	SAVE FOI		ue to next benefit 🕅)		

- Select "Consumer Health And Savings Accounts - Health Savings Account"
- 2. NOTE: To unenroll from HSA select the "Remove Enrollment" option. If you are enrolling or making changes, disregard and move to number 3.
- 3. You have two options for contributions.
 - Maximum yearly goal -ADP will automatically calculate the amount for you based on the maximum yearly contribution and the number of pay periods left before the new plan year.
 - Enter a different amount -You can decide what amount you want to contribute either per pay check, or annually.
- 4. Select "Continue To Next Benefit
- If no more changes are being made keep slecting Continue to Next Benefit" until you reach the "Summary" page.
- 6. Select "Submit Enrollment"