

Wells Fargo Health Savings Account (HSA) Enrollment Instructions

Please return your HSA forms to: HR Service Center – Mail Stop 11502J

If you have not already done so, complete the Benefit Enrollment Worksheet to enroll in the Empower Health Savings Account (HSA) Plan. You cannot open a HSA unless you are enrolled in a compatible plan, like the Empower HSA Plan.
Complete the attached <i>HSA Certification of Eligibility & Regions HSA Contribution Election Form</i> to establish Wells Fargo as your HSA trustee and to authorize Regions to make pretax deductions from your paychecks to fund your HSA.
Once your account is set up, you will receive three separate mailings from Wells Fargo. 1. A welcome packet 2. A debit card 3. Your Personal Identification Number (PIN) for accessing your account.
If you wish to have your reimbursements from health care expenses deposited directly to your bank account, visit Wells Fargo at www.wellsfargo.com\hsa to sign up via secure website.
You will need to name at least one beneficiary to your account. Visit Wells Fargo at www.wellsfargo.com/hsa to name a beneficiary via secure website.



2015 HSA Certification of Eligibility & Regions HSA Contribution Election Form

Name: Employee ID# or last 4 of	SSN:		
I understand that in order for the Company to contribute to a health savings must meet all of the following HSA eligibility conditions:	s account (HSA) on my behalf, I		
 I have self-only coverage OR family coverage under the Enunderstand qualifies as a health savings account plan (HSA) under I am establishing/have established an HSA through Wells Fargo. If you answered NO please complete question 3, otherwise skip to I am establishing an HSA through another banking institution. 4. I understand that my HSA can be used to pay for qualified medica dependents. I cannot be claimed as another person's tax dependent. I am not entitled to Medicare benefits. I will not receive Medicare benefits during the 2015 plan year. If I have any health coverage other than my coverage under the En (HSA) Plan, that coverage is either (a) High Deductible Health Pla permitted non-HDHP insurance or coverage. If I am married, my spouse either does not have any non-HDHP fa from any non-HDHP family coverage. 	Code § 223(c)(2). Yes ☐ No question 4 Yes ☐ No ☐ N/A I expenses incurred by my tax Inpower Health Savings Account an (HDHP) coverage or (b)		
You may make pre-tax salary deferral contributions to your HSA through payroll deduction. The maximum contribution you may make, in combination with the Company's contributions, is the following in 2015 : • Single \$3,350* (Regions - \$1,000, You - \$2,350 - pro-rated to month you are eligible.) • Family \$6,650* (Regions - \$1,750, You - \$4,900 - pro-rated to month you are eligible.) • You may change your election during the year.			
DEFERRAL ELECTION (only choose one option): I authorize Regions Hospital to withhold the following HSA contribution from my paycheck for 2015 :			
1. Per Pay Period: \$	_		
2. Annual amount: \$	_		
3. Lump sum amount: \$	(list ONE lump sum only)		
Lump sum pay date: // / (refer to Payro Month/ Day /Year	oll schedule)		
*The maximum IRS contribution limit for 2015 is \$3,350 for single coverage and \$6,65 older can make additional \$1,000 catch-up contributions annually. Individual contributions maximums. Individuals are responsible for monitoring their contribution limits. Constibution limits apply to your situation. By signing this form and returning it to Regions Hospital, I certify that all of the statem not eligible for HSA contributions during any month in which I do not meet all of the a agree that I will notify Regions Hospital immediately in writing, if I cease to meet any of Regions Hospital will make contributions to an HSA I establish with Wells Fargo on m and that Regions Hospital's HSA contributions and my own contributions (if any) are s	ention limits may be lower than IRS alt your tax advisor with questions about ents above are true. I understand that I am bove HSA eligibility conditions and I of these conditions. I also understand that y behalf on the basis of my certification		
Employee Signature	Date		