

Lakota
2019 Special Enrollment Election Form

Employee Name _____
(Please Print)

MEDICAL /RX: PLEASE CHANGE MY PLAN EFFECTIVE 1-1-19 TO:

HDHP: **Medical:** Mutual Health Services HDHP \$3000/\$6000 deductible plan

Signature _____ Date _____

Health Savings Account No. _____

Bank Health Savings Account is from: _____

Bank Routing No. _____

In addition to the contribution from the District, I would like to have the following amount deducted pre-tax from my biweekly pay:

\$ _____ per pay

I understand that I am able to change my deduction amount throughout the year by contacting Cam Moroschan in the Central Office. This amount will begin to be deducted as of the 1st pay in January 2019.

Signature _____

Date _____

NOTE: District Contributions into the HSA will be made ½ in January and the other ½ in August