

Andrews University

Office of Human Resources

Health Savings Account Response Form

You have until the date for filing your tax return without extensions to fund the HSA (generally April 15th), however you may only use monies for expenses incurred **after** the HSA is established.

I, _____, have received and read the enclosed information regarding the opportunity to open a Health Savings Account. I understand that the employer contributions will not be deposited in a Health Savings Account unless I provide the routing and account numbers to the Human Resources Office before the deadline. **Failure to provide the correct routing and account number will prohibit my employer's ability to process Health Savings Account contributions to my HSA account.** My signature attests that the HSA account provided below is in my name.

Bank Routing Number _____ HSA Account Number _____

Employee Signature _____ Date _____

Printed Name _____ ID # _____

Andrews University Email Address _____

HR Office Use Only

Received by Payroll _____ MV/BB/WD