

## HEALTH SAVINGS ACCOUNT FORM

Completion of this form authorizes the State of South Dakota to make a contribution into your Health Savings Account (HSA). Your deposit will be sent directly to the HSA financial institution with proof of deposit appearing on your bank statement. Enrollment in the \$1,800 Deductible Health Plan and an HSA are required to receive the contribution.

### AUTHORIZATION FOR DEPOSIT

I authorize the financial institution named below to accept a contribution from the State of South Dakota for my HSA.

I have attached a voided check or deposit slip from the financial institution to which the deposit will be made.

#### **Financial Institution Information:**

(Name of Financial Institution – Please Print)

(Street / PO Box)

(City)

(State)

(Zip Code + 4)

#### **Required HSA Information:**

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

#### **Employee Information:**

(Employee Name – Please Print)

(Daytime Phone #)

(Street / PO Box)

(City)

(State)

(Zip Code + 4)

(Employee Alternate ID or SSN)

(Employee Signature)

(Date)

\* COBRA & Retiree health plan members are not eligible for the \$300 contribution. Revised 06/12

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