

**WELCOME TO FIRST NATIONAL BANK
CEDAR FALLS COMMUNITY SCHOOL DISTRICT**

**2019 Health Savings Account
Contribution Change**

HSA OWNER INFORMATION:

First _____ Mid-initial _____ Last _____
Address: _____
City, State Zip: _____
Social Security # _____ Date of Birth _____
Phone #Home: _____ Phone # Work _____
E-mail Address: _____ Mother's Maiden Name: _____

PRIMARY BENEFICIARY INFORMATION: Attach contingent beneficiaries when applicable.

First _____ Mid-initial _____ Last _____
Address: _____
City, State Zip: _____
Social Security #: _____ Date of Birth _____
Phone # Home _____ Employer and Work # _____
Relationship: _____ % _____ Mother's Maiden Name: _____

Contribution Year _____ Family Coverage _____ Self Coverage _____

2019 Max Contribution Limits: Single HDHP \$3500.00 Family HDHP \$7000.00 Catch-up \$1000.00

Effective date of your contributions: _____ (mm/dd/yyyy)

HSA Owner contribution Amount \$ _____ monthly contribution

Employer contribution Amount \$ _____ monthly contribution

Please Sign _____