

Health Savings Account Funding

Employee Name:	Request Date:
Employee No.:	Group Code:
Department:	Vacation Balance:
Division:	Sick Balance:

Current Request

Dollar Amount Requested: _____ **From Sick:** _____ **From Vacation:** _____

Hourly Rate:

Hours Requested: _____ **From Sick:** _____ **From Vacation:** _____

Previous Request

Date:

Hours:

Amount Paid:

Date:

Hours:

Amount Paid:

Employee Acknowledgement

I understand that for plan year October 1, 2015 through September 30, 2016, I may use up to a TOTAL of \$750 of sick and vacation time at 100% conversion rate to fund my HSA. I acknowledge that the above information is accurate and reflects my request.

Employee Signature

Phone Number

Date

