

# 2023 HEALTH SAVINGS ACCOUNT (HSA) ELECTION FORM

## Participant Information & Election

This section to be completed by the Employee – Please print clearly

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Employer \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### 2023 Health Savings Account (HSA) Contribution Limits:

Single: \$ 3,850

Family: \$ 7,750

Catch-Up: If you are 55 years or older during the calendar year; you may make an additional \$ 1,000 catch-up contribution

\*Please note that to participate in a Health Savings Account (HSA) you must be enrolled in a High Deductible Health Plan (HDHP).

Annual Election \$ \_\_\_\_\_

Number of Pay Periods (if enrolling mid-year, please enter the number of remaining pay periods within the plan year) ÷ \_\_\_\_\_

HSA Contribution per Paycheck \$ \_\_\_\_\_

Effective Date of HSA Election \_\_\_\_\_ HSA Contribution per Paycheck \$ \_\_\_\_\_

This deduction should continue until I change it This election should recur \_\_\_\_\_ times

This is a one-time election Stop future deductions

I do not wish to participate

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## Contribution Information

This section to be completed by Fronteer Payroll Services

Employee Contributions (if applicable): Weekly Bi-Weekly Monthly Quarterly Annually

Annual Amount: \$ \_\_\_\_\_ / # of PP \_\_\_\_\_ = \$ \_\_\_\_\_ Date of First Deduction: \_\_\_\_\_

Employer Contributions (if applicable): Weekly Bi-Weekly Monthly Quarterly Annually

Annual Amount: \$ \_\_\_\_\_ / # of PP \_\_\_\_\_ = \$ \_\_\_\_\_ Date of First Deduction: \_\_\_\_\_

Submit Your Completed Application To:



Fronteer Professional Services, Inc.  
1838 E Interstate Ave Ste B · PO Box 1315  
Bismarck, ND 58502  
T: (701) 258-9848 · F: (701) 258-1011  
E: [customerservice@fppayroll.com](mailto:customerservice@fppayroll.com)