

CITY OF KETTERING

**HEALTH SAVINGS ACCOUNT - 2017
PRE-FUND REQUEST**

THIS REQUEST MUST BE SUBMITTED TO HUMAN RESOURCES

Due to medical necessity, I request that my Health Savings Account be pre-funded in the amount designated below in order to meet my financial obligations. I understand that previous employer deposits plus the requested amount may not exceed the annual deposit provided by the City.

Single Medical Coverage

2017 City Contribution \$1,300
(Check only one box below.)

\$650 (Max. Available Prior to April 1)

\$325 (Max. Available After April 1)

Family Medical Coverage

2017 City Contribution \$2,600
(Check only one box below.)

\$1,300 (Max. Available Prior to April 1)

\$650 (Max. Available After April 1)

Employee Certification: I certify that City provided funds expended from my Health Savings Account will only be used for medical purposes for myself or other qualified dependents and for expenses that are considered qualifying medical expenses as governed by the IRS. I certify that this request is necessary to meet qualified expenses that I will incur before the annual contribution provided by the City would be deposited under the normal deposit schedule.

I understand that if approved, the pre-funded deposit will occur no earlier than two and no later than eight banking days after the date the approved form is received in Finance.

Employee Signature

Date

Print Employee Name

Dept.

City Approval: This advance is approved by the City’s Human Resource Director or designee.

Human Resource Director or Designee

Date

FINANCE DEPT USE ONLY: EMP ID: _____ Dept#: _____

Deposit Sent: _____ **Deposit Date:** _____ **Dept Chgback PP:** _____