CITY OF KETTERING

HEALTH SAVINGS ACCOUNT - 2018

EMPLOYEE DEPOSITS – MID-YEAR CHANGE FORM

Please affect payroll deductions for employee deposits to my Health Savings Account, administered by Flex Bank, as follows:

	NEW	CHANGE AMOUN	T	STOP	
AMOUNT:	per pay	y Annual EmployEE Limit:			*
<u>limit.</u> Your	maximum annual de	s, enter the <u>Annual Li</u> eposit is the IRS limit deposit (if applicable	(bottom of p		
EF	FECTIVE:	pay dat	e	ASAP	
	Employee Status:	Fulltime	Parttir	ne	
Ag	ge 55 or older as of 1	2/31 of this year?	Yes	No	
	Health Plan:	Single	Family		
	Employee Signature Print Employee Name			Date	
				Dept	
j	Please print and sub	mit the completed for	rm to FINAN	NCE	
	la South (296-2403),	& email, fax, or delive Melissa Schultz (296 oh.org melissa.schul	-2406) FAX:		
2018– Annu	al Maximum De	posits per the IRS	S (Employe	ee + Employ	yer)
Single Co	overage: \$ 3,450	If age 55 or older	r as of 12/31/	18: \$ 4,450	
Family (Coverage: \$ 6,850	If age 55 or older	as of 12/31/	18: \$7,850	
2018	FAMILY	R DEPOSITS (PLATI : \$2,600 Earnback: : \$1,300 Earnback:	\$700	ONLY)	
	For l	Finance Dept use only	<mark>;</mark>		
Employee ID:			Effective:		