CITY OF KETTERING

HEALTH SAVINGS ACCOUNT - 2020
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	**Family Medical Coverage**
2020 City Contribution $1,300	2020 City Contribution $2,600
(Check only one box below.)	*(Check only one box below.)*
☐ $650 (Max. Available Prior to April 1)	☐ $1,300 (Max. Available Prior to April 1)
☐ $325 (Max. Available After 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: _____

Revised 09/17/19