

# THE PRECISION COMPANIES

## HEALTH SAVINGS ACCOUNT CONTRIBUTION ELECTION FORM

EMPLOYEE NAME:

LAST FOUR OF SOCIAL SECURITY NUMBER:

EMPLOYEE EMAIL ADDRESS:

\*Please provide a personal email address (not precweb)\*

I HEREBY SWEAR THAT I AM COVERED UNDER THE FOLLOWING QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN

**MEDICAL INSURANCE ELECTION:**

SINGLE

*Circle One*

FAMILY

I ELECT TO MAKE WEEKLY CONTRIBUTIONS TO MY HEALTH SAVINGS ACCOUNT IN THE AMOUNT LISTED BELOW:  
*I UNDERSTAND THAT I CAN CHANGE MY CONTRIBUTION AMOUNT DURING THE PLAN YEAR*

**WEEKLY:**

**WAIVE H.S.A. EMPLOYEE PAYROLL DEDUCTION** (CHECK BOX IF YOU DO NOT ELECT TO PARTICIPATE)

EMPLOYEE SIGNATURE

DATE

BENEFITS ADMINISTRATION SIGNATURE

DATE