

CITY OF HAMILTON
HSA ADVANCE REQUEST FORM

The City of Hamilton (the “City”) has adopted a high deductible health plan (“HDHP”) and, in conjunction with the HDHP, City employees have established health savings account (“HSAs”). According to proposed rules issued by the Internal Revenue Services (the “IRS”), employers may, on a uniform basis, accelerate employer HSA contributions for employees who have incurred qualified medical expenses that exceeds the employer’s current year to date HSA contributions. The City has elected to adopt the proposed IRS rules.

To be eligible to receive accelerated HSA contributions the employee must have established a HSA and must complete and submit this form with the proper documentation to the Director of Finance at the address listed at the end of this form. Note that the request must be for medical expenses that have been incurred and the medical claims must have been submitted under the City’s group health plan. The employee must include a copy of the Explanation of Benefit(s) (EOBs) from the City’s group health plan with this request. In addition, the unpaid balance must not be eligible for reimbursement under any other plan, program or fund.

The unpaid claim(s) must exceed the employee’s current HSA account balance by at least \$250. The City will make advance contributions to the employee’s HSA account up to the lesser of: (1) the amount requested or (2) the balance of the City’s HSA contributions for the year. To request the advance contribution you must complete this form and submit it to the Director of Finance with the EOBs.

HSA Advance Request Form

I certify that the information listed in this form and the accompanying documents are true and complete. I request that the City make accelerated employer contributions to my HSA. I understand and agree that the accelerated employer contributions will be deducted from the remainder of the City's contributions to my HSA for the year.

If my employment with the City terminates for any reason before the entire amount of the accelerated employer contributions have been deducted from the remainder of the City's contributions to my HSA for the year, I hereby authorize the City to immediately deduct and/or withhold the entire outstanding balance from any amounts, including but not limited to any unpaid compensation, bonus and vacation pay, the City owes me at the time my employment with the City terminates.

Amount requested \$ _____

Employee's Printed Name

Employee's Signature

Date Submitted

Employee's Social Security Number

Director of Finance
City of Hamilton
345 High Street
Hamilton, Ohio 45011

Date Received

_____ Approved

_____ Denied

Amount Approved _____

Date of Contribution _____

If denied, reason for denial _____

Finance Director's Signature

Date