

Mississippi University for Women/ MSMS

Renasant Bank Health Savings Account (HSA) Enrollment Form

Employee Information

Employee Name:	Position Title:
Mobile Phone:	Work Phone:
Home Physical Address:	Home Mailing Address (only if different than physical):

Personal E-Mail Address: _____

(Do NOT use a work email. You will need access to this email address if you separate employment.)

Social Security #:	Date of Birth: (mm/dd/yyyy)
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A copy of your Social Security Card and a Government Issued Photo ID (ex: driver's license, passport, etc.) MUST be provided to Human Resources with the enrollment form in order to open HSA account.

Are you married? ☐ Yes ☐ No Mother's Maiden Name: _____

Emergency Contact (Provide name, address and phone # for someone who will always know your location.)

Name:	Phone #:
Address:	City, State, Zip:

Banking Information

Do you want a Debit Card? ☐ Yes ☐ No Do you want Checks (additional charge)? ☐ Yes ☐ No

Do you want Internet Banking? ☐ Yes ☐ No

Employee Contribution: Monthly Payroll: \$ _____ Bi-Weekly Payroll: \$ _____

Beneficiary Information (If employee wants to name a beneficiary.)

Name:	Relationship to Beneficiary: (spouse, son, daughter, etc.)
Date of Birth:	Social Security #:

Employee Authorization (Your signature authorizes payroll deductions and certifies you have read and understand the HSA rules and regulations associated with this account.)

Signature:	Date Signed: (mm/dd/yyyy)
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MUW Human Resources Verification

Plan Coverage (check): ☐ Emp Only ☐ Emp + Spouse ☐ Emp + Children ☐ Emp + Family

Date contributions begin:	Verified by:
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Mississippi University for Women/ MSMS Renasant Bank Health Savings Account Information

Employees who are enrolled in the Mississippi State and School Employees' Health Insurance High Deductible Health Plan (HDHP) option may also choose to enroll in a Health Savings Account (HSA) with Renasant Bank through payroll deductions. The maximum amount you may contribute cannot exceed Internal Revenue Code limits outlined below.

2027 CONTRIBUTION LIMITS		
HDHP Coverage	Standard Limit	Catch-Up Limit*
Self-Only	\$4,500	\$1,000
Family	\$9,000	\$1,000

** Eligible individuals who are 55 or older by the end of the tax year can increase their contribution limit up to \$1,000 a year.*

By completing and signing the enrollment form, you agree to the following:

- I am choosing to participate in the HSA Plan and understand enrollment in an HSA is governed by the Internal Revenue Code.
- I am the sole owner of the HSA account and the University is not responsible for any fees associated with the account or how the funds are managed.
- Renasant Bank determines monthly and/or other fees associated with the HSA.
- My HSA enrollment is irrevocable with respect to amounts deferred while election is in effect. It will remain in effect until I change or cancel it in writing to Human Resources.
- I understand that I may only change or cancel my HSA elections once per calendar year to be effective on January 1st. Changes must be received in Human Resources by December 15th.
- New-hire enrollments will begin on the next applicable payroll after the employee's start date.
- New enrollments for existing employees can only be accepted during the Open Enrollment period.
- I understand that my spouse (if applicable) and I cannot be enrolled in a general-purpose Flexible Spending Account (FSA) through an employer Section 125 or Cafeteria Plan. I am only eligible to enroll in a Limited Purpose FSA, which can be used for dental and vision expenses only.
- I and my covered family members (if applicable) do not have any type of additional medical insurance coverage other than the MS State and School Employees' Health Insurance HDHP plan. I understand that this includes eligibility for and enrollment in Medicare, TRICARE (a health care program of the U.S. Department of Defense Military Health System), or the Veterans Administration (VA).
- I understand it is my responsibility:
 - To determine whether I am eligible to make contributions to an HSA.
 - To notify Human Resources if I am no longer eligible to contribute to an HSA.
 - To determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.
 - I acknowledge that I may be liable for tax penalties if I exceed this amount.
 - I am responsible to keep all receipts. I understand that I may be required to substantiate claims to the IRS.
 - I agree to use my HSA debit card only for eligible HSA expenses that are not reimbursable from another source.