



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

You have elected to participate in the YMCA of Middle Tennessee High Deductible Health Plan. Based on your enrollment in this high deductible health plan, you may also choose to contribute to a Health Savings Account through HSA Bank.

If you are covering only yourself through the medical plan, the maximum Health Savings Account contribution for 2020 is \$3,500. If you are covering yourself and any dependents, the maximum contribution for 2020 is \$7000.

The YMCA contributes for the first six months of the year (\$300/individual, \$600/family) will be reflected approximately January 31. From July to December, YMCA will contribute (\$50/month individual, \$100/month family) will be reflected in your account approximately the 10th of the month following the month in which they were earned (e.g., around August 10th for July contribution).

Employee contributions are reflected approximately five business days after the pay date of the payroll period in which they are deducted. The maximum amount you will be eligible to contribute is **\$2,950 per year for Employee Only coverage** or **\$5,900 per year for Family coverage**. Your contributions will be deducted from your paycheck on a pre-tax basis and deposited directly into your Health Savings Account*.

Please provide the information requested, sign and return this form to the People Services Department.

Employee Name: _____ Employee ID #: _____

\$ _____ \$ _____
Annual H.S.A. Contribution Amount Amount per pay check

I understand this pre-tax contribution will begin with the first pay period following People Services receiving this completed form and continue through the end of the year or until I reach my maximum annual contribution amount, whichever comes sooner. I authorize YMCA of Middle Tennessee to reduce my compensation as may be necessary to provide coverage as elected on a pre-tax basis as permitted by IRS Code Section 125. This agreement may not be amended as to the benefit elections during the plan year except as permitted by IRS Code Section 125.

Employee Signature _____ Date _____

***Please note that employees 55 years or older may be entitled to a catch-up contribution for 2020. If the account is opened January 1, 2020, employees who are age 55 or older can contribute an additional \$1,000.00 in addition to the self or family amount.**

If you have any questions, please contact HELPHR@ymcamidtn.org or 615-256-9622

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Our Mission: A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping people grow in spirit, mind and body.