



**Favorite Healthcare Staffing  
HSA Contribution Form**

Name:

As a participant in the Blue Saver High Deductible Insurance plan offered by Favorite Healthcare Staffing (the Company), I authorize the Company to deduct the following amount from my pay on a weekly basis to deposit into my Health Savings Account (HSA). I understand that these deductions will be submitted to my UMB HSA.

Total amount to deduct for the remainder of the calendar year:

Remaining pay periods during the rest of the calendar year:

Total deduction per pay period:

For 2011 your total annual contribution to your HSA account cannot exceed:

\$3,050 for an individual; or  
\$6,150 for an individual plus one or more

This is a calendar year limit, and these amounts are subject to change annually per IRS regulations.

*If you are over age 55 you may be eligible to make additional "catch-up" contributions of \$1,000 for 2011.*

I understand that following completion of this form, contributions will remain in effect until I complete a replacement form with new elections.

Name:

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_