



# HEALTH SAVINGS ACCOUNT (HSA) AUTHORIZATION FORM

## INSTRUCTIONS

1. You must be enrolled in an HSA-qualified health plan to enroll in a Health Savings Account.
2. Complete this form if you want to enroll, change or terminate your HSA deductions.
3. If enrolling for the FIRST time, during Open Enrollment, your HSA account will be effective January 1st of the current year. If New Hire, your HSA account will be effective the 1<sup>st</sup> of the month following your 30 days of hire.
4. Fill out the form in its entirety, SIGN and DATE.

## EMPLOYEE INFORMATION

\_\_\_\_\_  
Last Name First Name M Employee #

\_\_\_\_\_  
Date of birth Company Name Phone Number Email

Enrollment Type	Deduction Amount
<input type="checkbox"/> New Enrollment	I elect to enroll for a lump sum of: \$ _____ per pay period not to exceed \$4,150 for <b>Individual</b> or \$8,300 for <b>Family</b> in a Calendar Year (January – December). <i>(There is a catch-up available of \$1,000.00 more for 55 and older in the calendar year.)</i>
<input type="checkbox"/> Change in Enrollment	
<input type="checkbox"/> Terminate Enrollment	

**If you have any questions, please contact Benefits at [benefits@wilksbrothers.com](mailto:benefits@wilksbrothers.com) or 817-693-2890.**

## AUTHORIZATION AND SIGNATURE

By my signature below, I agree that my salary will be reduced by Wilks Brothers, LLC for the dollar amount elected herein and placed into my HSA Savings Account.

\_\_\_\_\_  
Employee Signature Date

Wilks Brothers, LLC  
PO Box 1032  
Cisco, TX 76437