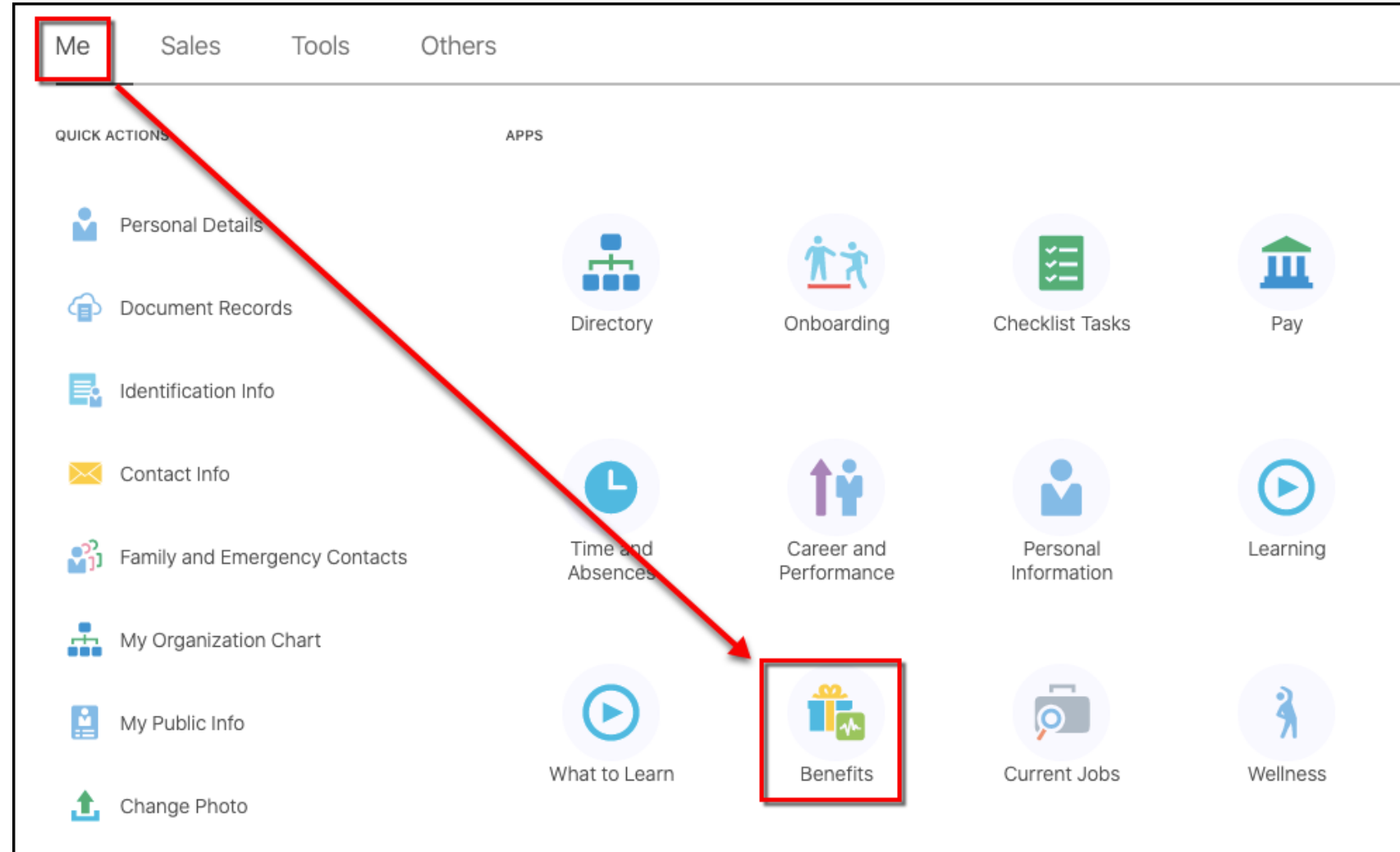
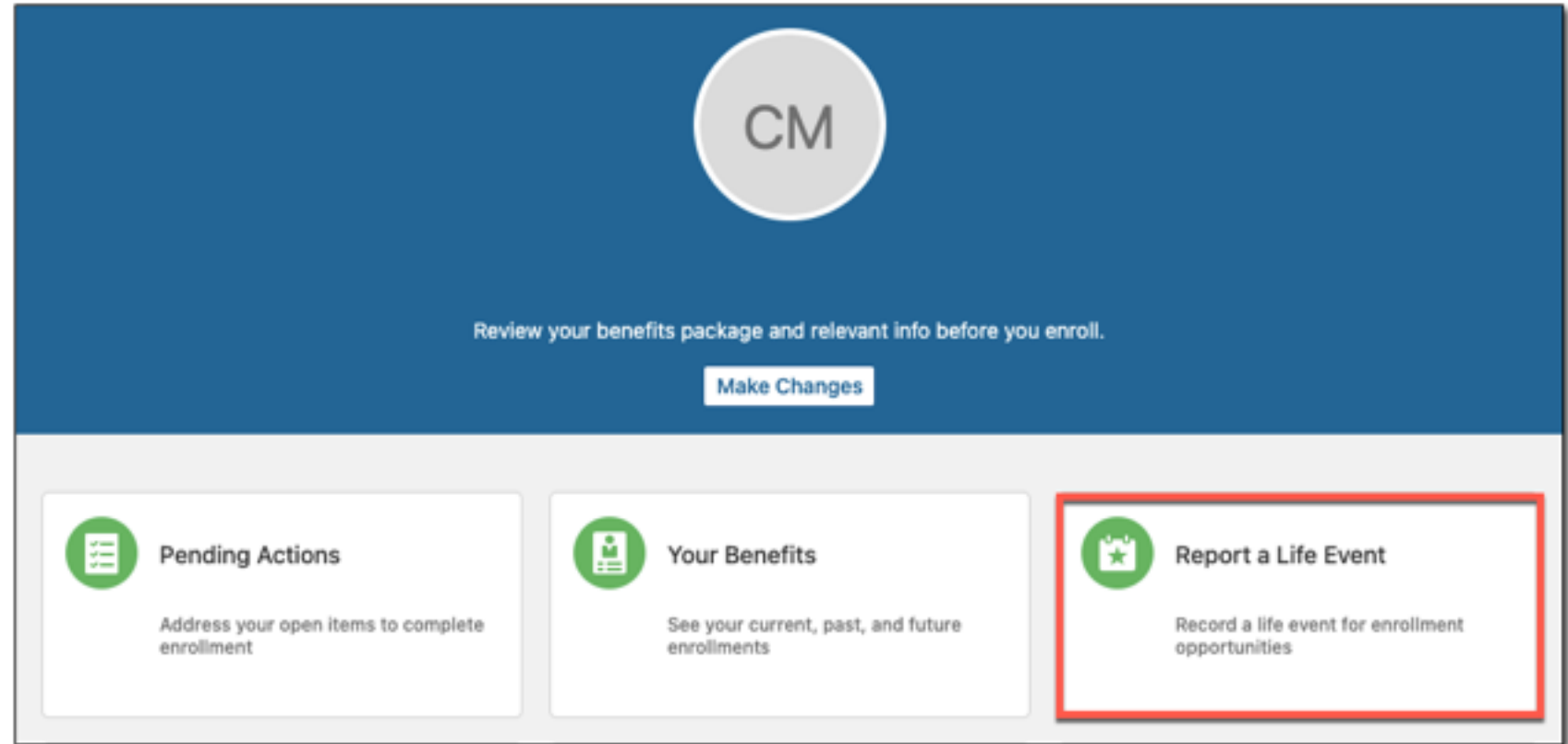


Note: In order to contribute to an HSA, you must first be enrolled in an HDHP medical plan. If you are not enrolled in an HDHP medical plan, Connect will error when you submit an HSA contribution change.

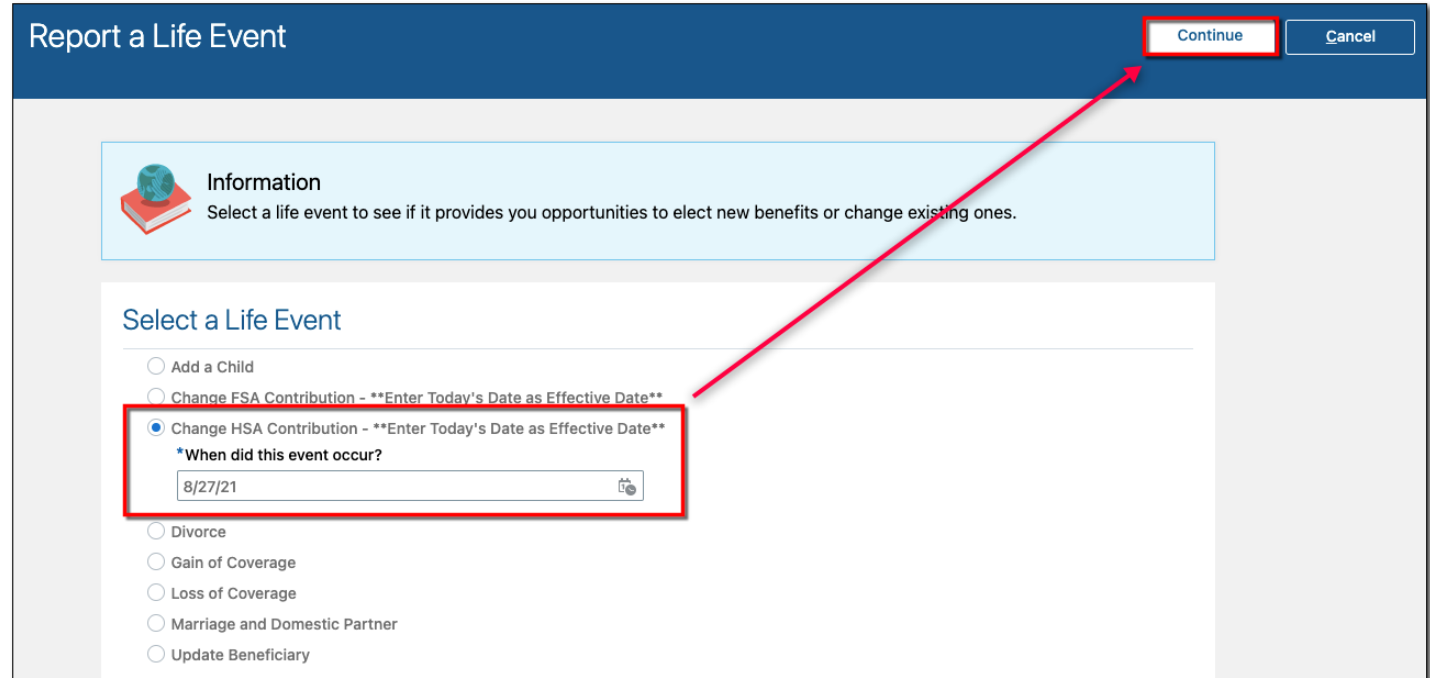
1. Select **Me** to display your employee functions.
2. Click the **Benefits** icon.



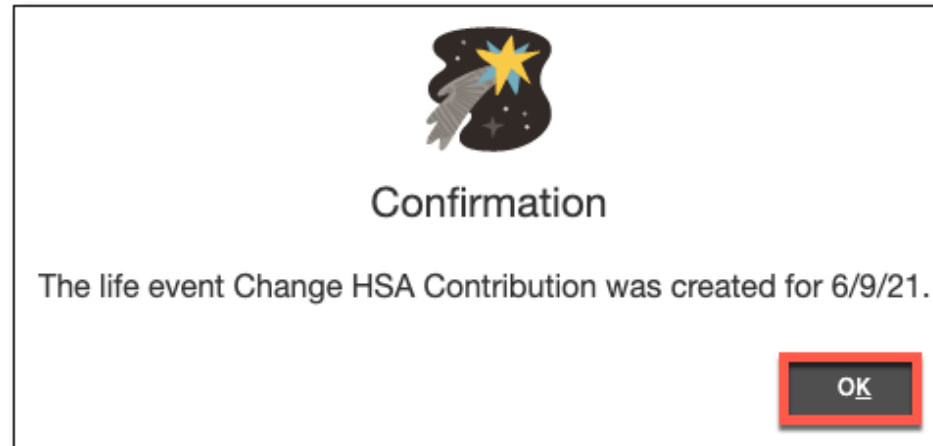
3. To initiate your benefit selections for an HSA contribution change, click the **Report a Life Event** tile.



4. Select **Change HSA Contribution** and enter today's date as the **occurrence date**.
5. Click the **Continue** button.

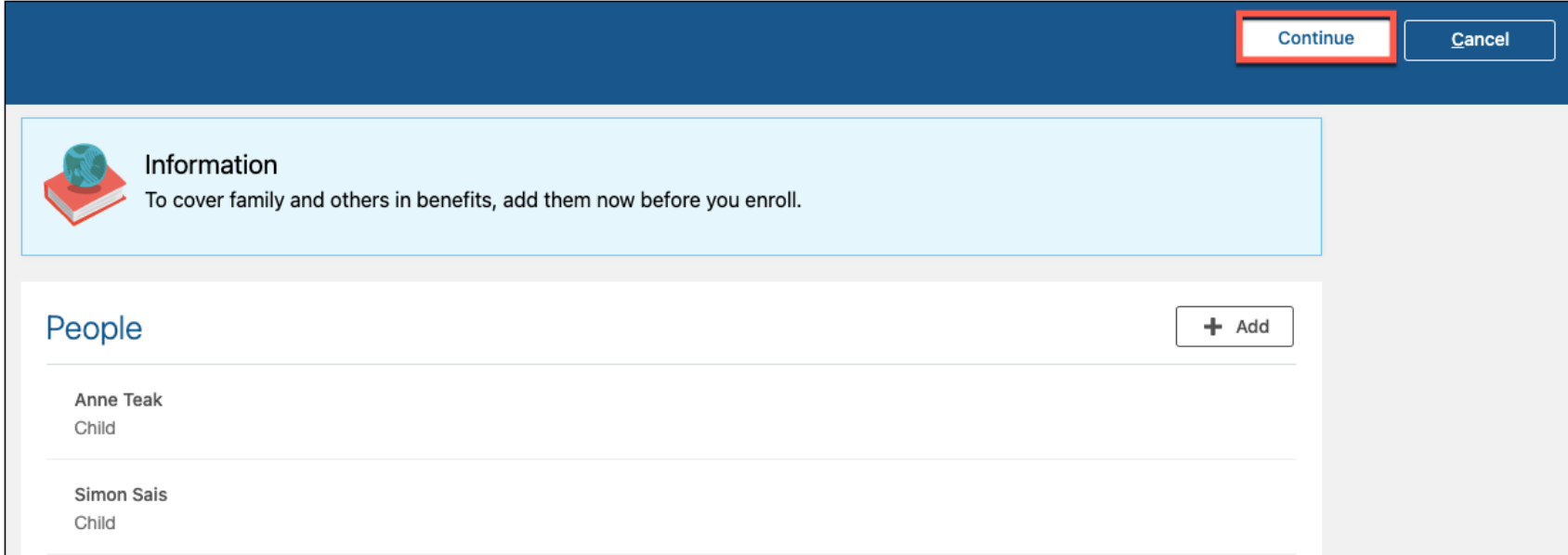
A screenshot of the 'Report a Life Event' web form. The title bar is dark blue with the text 'Report a Life Event' and two buttons, 'Continue' and 'Cancel', on the right. Below the title bar is a light blue 'Information' box with a globe icon and text: 'Select a life event to see if it provides you opportunities to elect new benefits or change existing ones.' The main section is titled 'Select a Life Event' and contains a list of radio button options: 'Add a Child', 'Change FSA Contribution - **Enter Today's Date as Effective Date**', 'Change HSA Contribution - **Enter Today's Date as Effective Date**', 'Divorce', 'Gain of Coverage', 'Loss of Coverage', 'Marriage and Domestic Partner', and 'Update Beneficiary'. The 'Change HSA Contribution' option is selected and highlighted with a red box. Below it is a text input field for the date, containing '8/27/21', also highlighted with a red box. A red arrow points from this date field to the 'Continue' button in the top right corner.

- Note:** A notification appears indicating the Change HSA Contribution life event was created.
6. Click **OK**.

A confirmation dialog box with a dark background and a starburst icon. The title is 'Confirmation'. The text reads: 'The life event Change HSA Contribution was created for 6/9/21.' At the bottom right is a button labeled 'OK'.

Note: You shouldn't make any dependent or beneficiary changes before changing your HSA contributions so this step can be skipped.

7. Click the **Continue** button.

A screenshot of a web application interface. At the top is a dark blue header bar containing two buttons: 'Continue' (highlighted with a red border) and 'Cancel'. Below the header is a light blue section with a globe icon on a red book, titled 'Information', with the text 'To cover family and others in benefits, add them now before you enroll.' The main area is titled 'People' and contains a list of two entries: 'Anne Teak' (Child) and 'Simon Sais' (Child). An '+ Add' button is located in the top right of the 'People' section. The right side of the interface is a light gray sidebar.

People	
Anne Teak	Child
Simon Sais	Child

8. Read the **Authorization** statement and click **Accept** to continue.

Authorization



The information I am providing is accurate, and I authorize the coverage selections and the associated payroll deductions.

Enrollments remain in effect until changed or canceled by me during an annual open enrollment, or when permitted by a qualified life event.

I understand that my eligibility for benefits may be affected if I subsequently change my contracted work schedule.

I understand that my elections are binding, based upon CMHA-CEI Program plan provisions and applicable laws and regulations.

I also understand that the coverages I am applying for may require that I provide additional information. We reserve the right to terminate any plan, policy, or procedure at any time and at our sole discretion.

Job Share Participants

Please Note: This will not be your final rate. Your final rate will be determined when your benefits selections are evaluated against the allowable amount for Job Share. You will be notified of your final rates by Payroll and Benefits once this evaluation is complete.

Note: In this example, the employee initially waived coverage but will now enter a contribution amount.

9. To edit your contribution amount, click the **Edit** button.

Currency in USD

Your Total Cost

0.00

Per Pay Period

HSA

Edit

CMHA Health Savings Account (HSA)

Health Savings Account (HSA)

Waive Coverage

Note: You can contribute up to \$2600 annually as a single employee or up to \$5200 annually if married or have a family.

10. Click **Single**, **Double/Family**, or **Waive Coverage** accordingly.

11. If you are not waiving coverage, enter your **Annual Contribution Amount**.

Note: The employee annual contribution limit (\$5200 in this example) is displayed directly under the Amount field.

Note: The **Employee Rate** displays your total cost per pay period from the enrollment date to the end of the year.

12. Click the **OK** button.

CMHA Health Savings Account (HSA)

Health Savings Account (HSA)

☐

Single
0.00 Annually

0.00

Employee Rate

☐

Double/Family
0.00 Annually

0.00

Employee Rate

☐

Waive Coverage

CMHA Health Savings Account (HSA)

Health Savings Account (HSA)

☐

Single
0.00 Annually

0.00

Employee Rate

OK

Cancel

Health Savings Account (HSA)
Double/Family

200.00

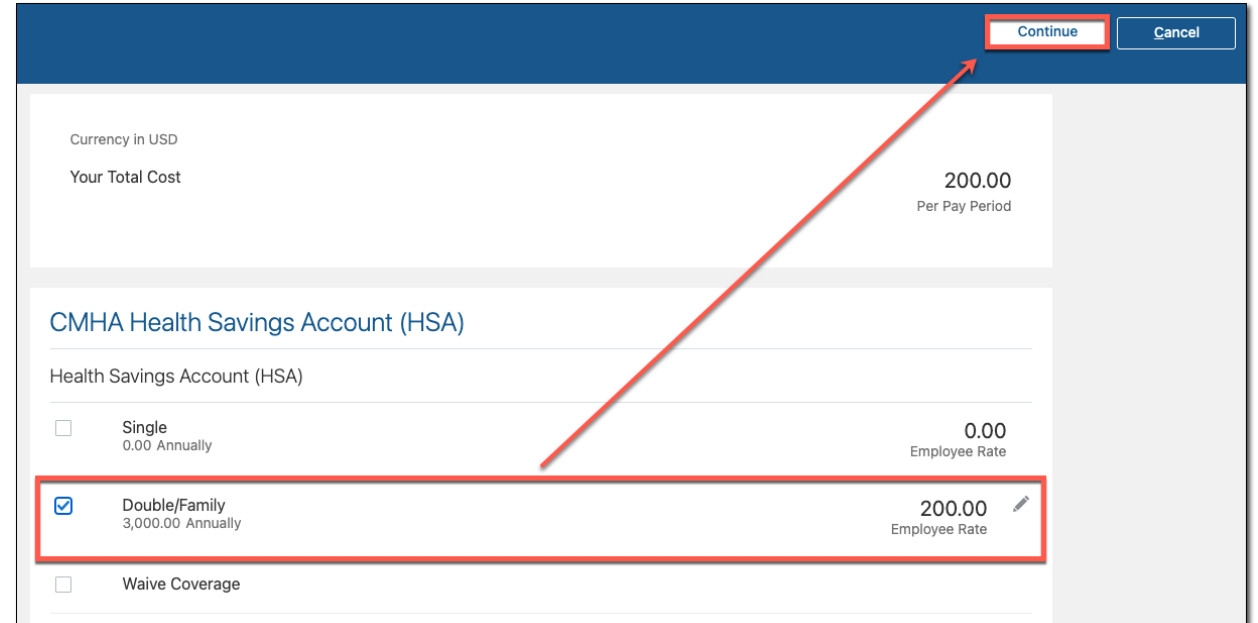
Employee Rate

Annual Amount

0 to 5200, in increments of 0.01

13. Review your contribution details.

14. When finished, click the **Continue** button.



Currency in USD

Your Total Cost 200.00
Per Pay Period

CMHA Health Savings Account (HSA)

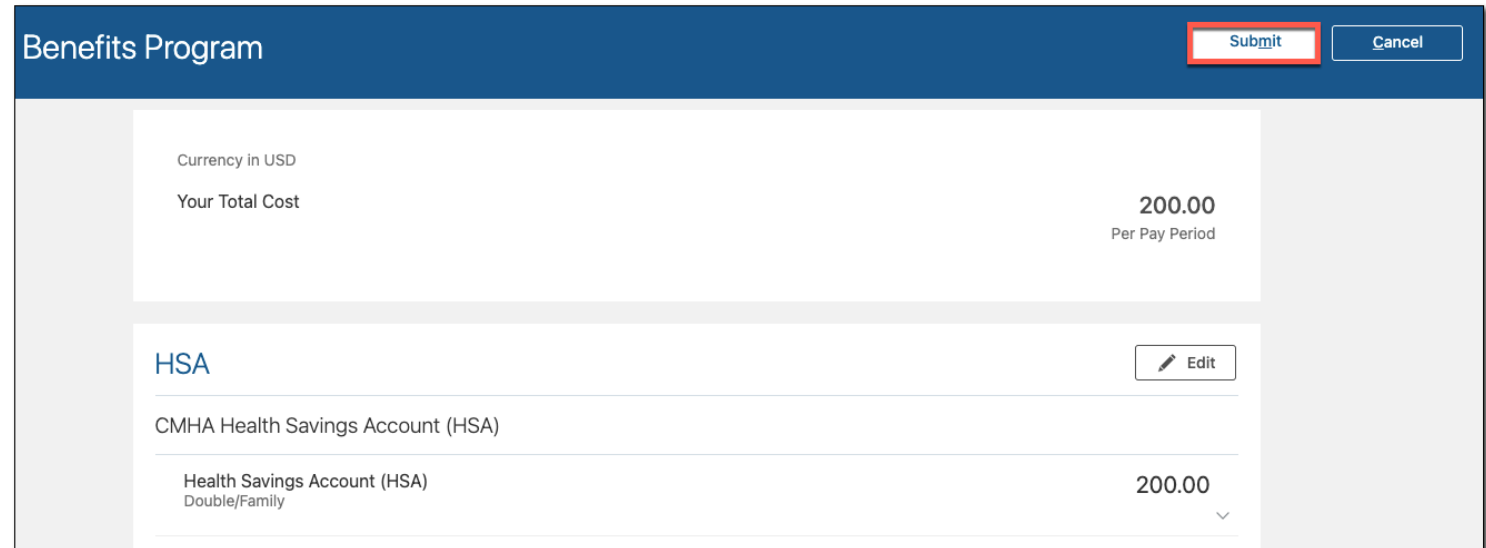
Health Savings Account (HSA)

☐ Single
0.00 Annually 0.00
Employee Rate

☒ Double/Family
3,000.00 Annually 200.00
Employee Rate

☐ Waive Coverage

15. Click the **Submit** button.



Benefits Program

Currency in USD

Your Total Cost 200.00
Per Pay Period


HSA Edit

CMHA Health Savings Account (HSA)

Health Savings Account (HSA)
Double/Family 200.00

16. Review the **Confirmation** details and **Pending Actions**.

Note: An **HSA Form** is required to be completed and uploaded into Connect. The form will be reviewed and approved by Payroll and Benefits before your HSA changes can be finalized.




Confirmation
 Your benefit elections were saved.
 You can make changes until 11:59 PM EST, 9/28/21.


Currency in USD

Your Total Cost Each Pay Period	0.00
---------------------------------	------

HSA


 This plan is suspended. Complete your pending actions to resume coverage.

Health Savings Account (HSA)	200.00
Double/Family	
Coverage Start Date	
9/28/21	
Coverage Amount	
3,000.00	
Annual Amount	
3,000.00	
Who's covered?	

 Pending Action Items


HSA Form

17. Click the **arrow** to navigate back.



Confirmation

CMHA Benefits Program



Confirmation


Your benefit elections were saved.

You can make changes until 11:59 PM EST, 9/28/21.

Currency in USD


Your Total Cost Each Pay Period	0.00
---------------------------------	------

18. Click the **Pending Actions** tile.




Pending Actions

Address your open items to complete enrollment




Your Benefits

See your current, past, and future enrollments




Report a Life Event

Record a life event for enrollment opportunities




Before You Enroll

Add family and others before you enroll



Document Records

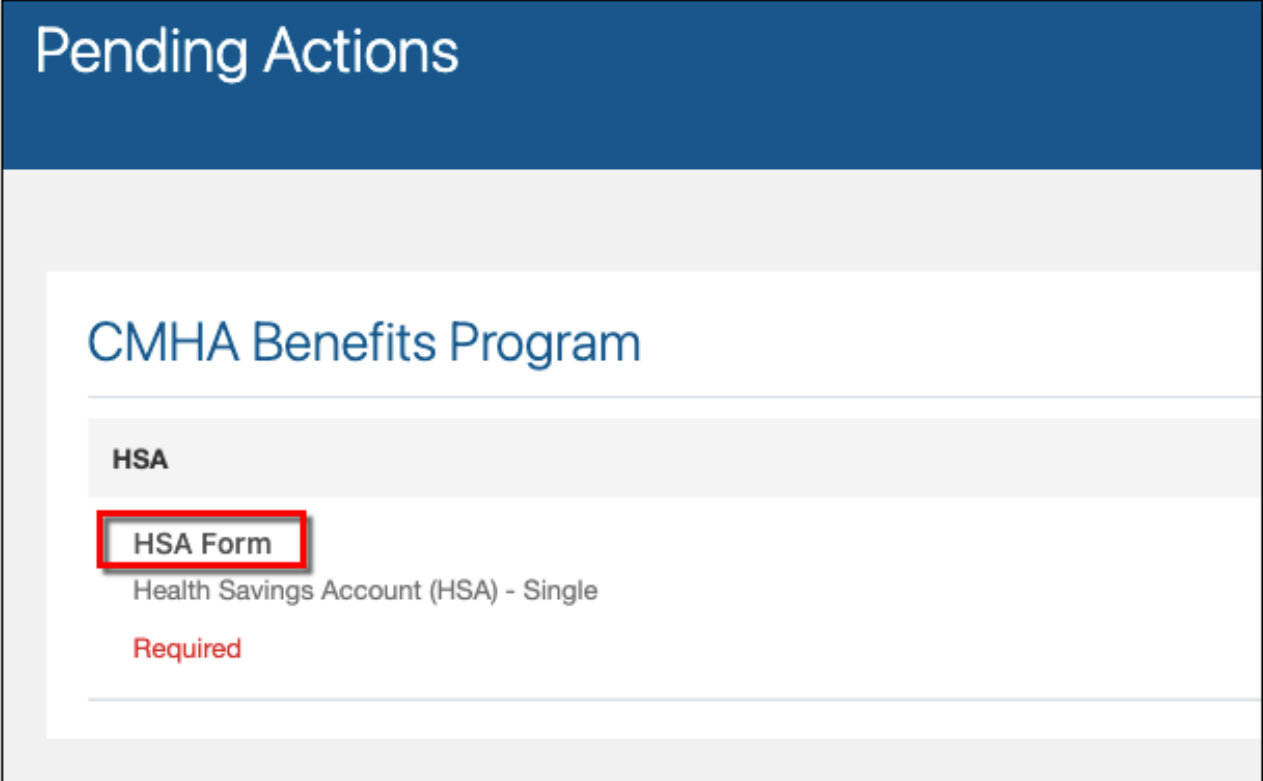
Upload documents to support your enrollments



Need Help? Contact Us

Contact your representative for help

19. Click the **HSA Form** link.

The screenshot shows a web interface with a dark blue header bar containing the text 'Pending Actions' in white. Below this is a light gray bar. The main content area has a white background with the title 'CMHA Benefits Program' in blue. Underneath the title is a horizontal line, followed by a light gray bar with the text 'HSA'. Below that is a white bar containing a link labeled 'HSA Form' in black, which is highlighted with a red rectangular box. Under the link is the text 'Health Savings Account (HSA) - Single' in gray. At the bottom of this section is the word 'Required' in red. A horizontal line is at the very bottom of the content area.

Pending Actions

CMHA Benefits Program

HSA

HSA Form

Health Savings Account (HSA) - Single

Required

20. Click to download the **HSA Election** form.

Document Details

Note: Please be aware of a minor naming discrepancy that exists between the document descriptions in the **Reference Info** field below and the **Document Type** field to the right. In some cases, the descriptions do not match. The table below illustrates what you will see as you view the document details on this page.


Reference Info	Document Type
Gain/Loss of Coverage	Domestic Partner Affidavit
Domestic Partner DEI	Domestic Partner Certificate
Divorce	Proof of Other Coverage
Cafeteria Plan HSA	Proof of External Coverage
Evidence of Insurability	Proof of Good Health

Document Type
Proof of external coverage

Category
Benefits

Country
All Countries


Description
Documents associated with benefits certification - HSA Form

Reference Info
CAFETERIA PLAN HSA Election form 2021.pdf 


***Name**

Context Value

Attachments


 Drag files here or click to add attachment



21. Click to open the **HSA Election** form.

Reference Info
CAFETERIA PLAN HSA Election form 2021.pdf 


***Name**

Attachments

 Drag files here or

 CAFETERIA PLA...pdf 

22. Complete Page 1 of the HSA form.



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

CAFETERIA PLAN
HSA BENEFIT ELECTION FORM
PERIOD OF COVERAGE: JANUARY 1, 2021 TO DECEMBER 31, 2021

EMPLOYEE NAME: _____ EMPLOYEE #: _____

SECTION I. ENROLLMENT AGREEMENT
I request to participate in the HSA benefit option under the Plan for the period of coverage described above. I authorize the Employer to reduce my periodic compensation by the amount specified in Section III below in order to purchase HSA benefits under the Plan.

SECTION II. HSA BENEFIT
The Employer will make a discretionary contribution for the 2021 Plan year to each eligible employee's HSA that has been established and maintained by the employee outside of the Plan with an HSA Trustee/Custodian. The Employer discretionary contribution amount for 2021 is \$1000.00 if you elected single person coverage, or \$2000.00 if you elected two-person coverage. The employer discretionary contribution will be contributed to your HSA in twelve (12) equal monthly payments, deposited on the second pay date of each month.

In addition to the amount of any Employer discretionary contribution that I may receive, I elect to make annual pretax contributions as stated on page 2 to my HSA established and maintained by me outside the Plan with my HSA Trustee/Custodian. (Note: The total annual maximum employee contribution is the applicable statutory maximum for your HDHP coverage type (i.e., single person or family).) The IRS maximums for **2021 are \$3,550 for single person coverage and \$7,100 for family coverage**, plus an additional \$1,000 if you are age 55 or older.


I understand that a pro rata portion of my annual contribution to the HSA benefit will be deducted from each periodic payroll check I receive during the period of coverage. I also understand that I may change or revoke my HSA contribution once per calendar month effective as of the first payroll period of the calendar month next following the date on which the election change is timely received by the Plan Administrator.

Important Information and Certification: By electing HSA benefits, I am certifying that I meet the requirements under Internal Revenue Code Section 223 to be eligible to contribute to an HSA. (See 2004 IRS Publication 969 for more information about HSA eligibility requirements.)

SECTION III. SALARY REDUCTION AGREEMENT
I hereby request that my periodic compensation be reduced by the amount of my total HSA contribution in Section II above, divided by the number of payroll periods covered by this HSA Benefit Election Form, said amount to be allocated to my HSA benefit under the Plan. This Agreement is subject to the terms of the Community Mental Health Authority of Clinton, Eaton and Ingham Counties Cafeteria Plan and replaces any prior salary reduction agreement and enrollment form signed by me regarding the HSA benefit for the period of coverage that is described above.

Please continue with Health Savings Account (HSA) account information on next page

23. Complete Page 2 of the HSA form.


Community
 MENTAL HEALTH
 CLINTON • EATON • INGHAM

EMPLOYEE NAME: _____ **EMPLOYEE #:** _____

Please indicate 2021 High Deductible Health Plan Coverage Elected:

For Single:

Amount Contributed IRS maximum of \$3550.00 less \$1000.00(employer contribution) up to a **maximum of \$2550.00/annually**

Single ____ Employee Amount Elected _____ (max. \$2550.00)

Employer Contribution Only _____ (\$83.34, in equal monthly installments*)

Over 55 (up to \$1000.00 additional) _____

For Double/Family:

Amount Contributed IRS maximum of \$7100.00 less \$2000.00 (employer contribution) up to a **maximum of \$5100.00/annually**

Double/Family ____ Amount Elected _____ (max. \$5100.00)

Employer Contribution Only _____ (\$166.67, in equal monthly installments*)

Over 55 (up to \$1000.00 additional) _____

****NOTE: Monthly employer contribution will begin the second pay of the following month after the receipt of the completed form. We do NOT retroactively deposit employer discretionary contribution.***

HEALTH SAVINGS ACCOUNT (H.S.A.) FINANCIAL INSTITUTION INFORMATION:

If account is already on file, enter amount you would like deposited per pay.

If account is NOT on file, fill in all fields and attach a voided check or proof of account information.

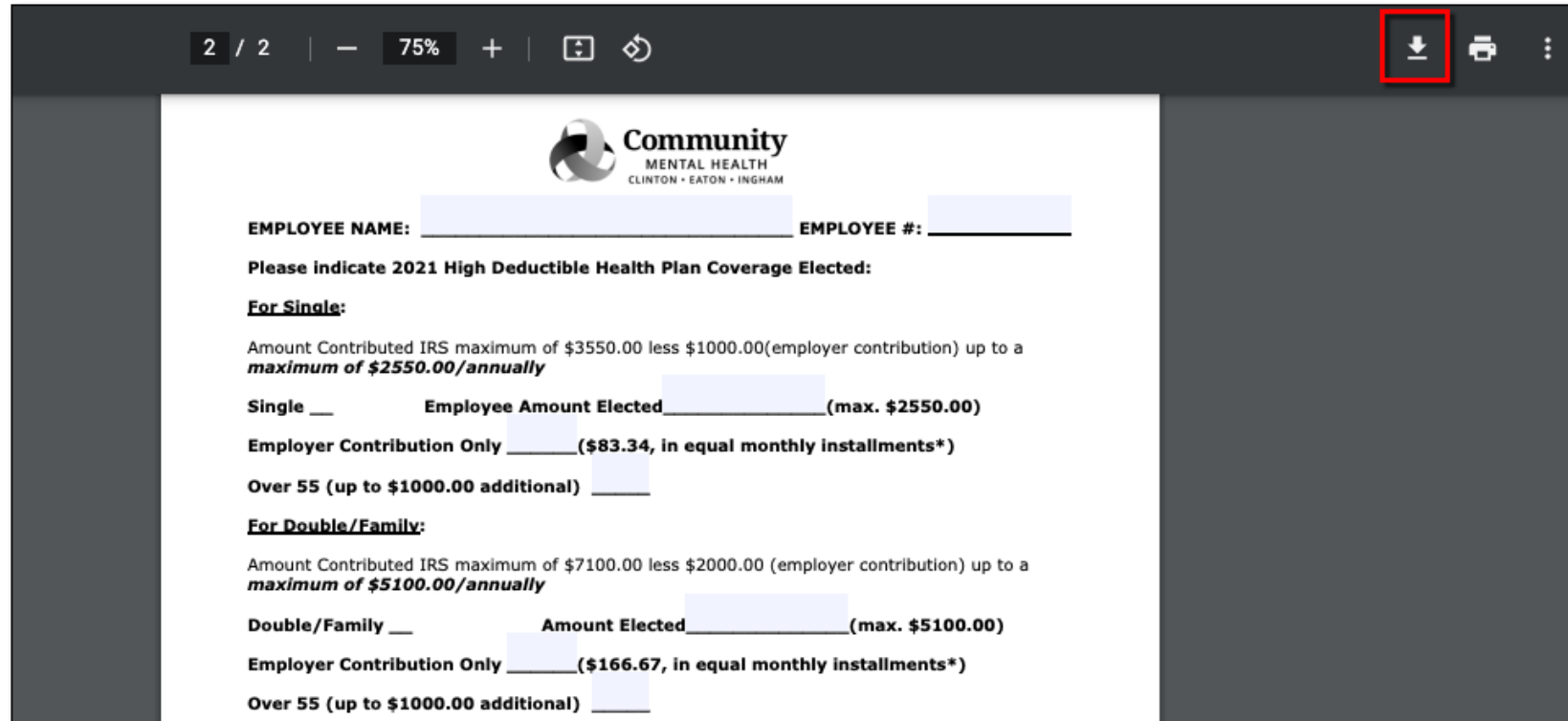
Account on File	Bank Name	Routing Number	Account Number	Amount per Pay
Yes				\$

A pre-note will be sent initially to verify routing/transit numbers along with account numbers which may take up to ten (10) days. The following payment of wages/employee reimbursement, given the pre-note is correct, will be paid electronically. Employee Access Center (EAC) provides a history of all your wage payments. Notification of employee reimbursement payments will be mailed to your address listed in EAC each time an EFT is made. The notice will include invoice number(s), description(s), and amount(s) transferred.

Date: _____ Participant's Signature: _____

Date: _____ Accepted by Plan Administrator _____

24. When finished, click the **download** button to save a completed copy of the HSA form to your computer.



2 / 2 | - 75% + | [Icons]

Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

EMPLOYEE NAME: _____ EMPLOYEE #: _____

Please indicate 2021 High Deductible Health Plan Coverage Elected:

For Single:

Amount Contributed IRS maximum of \$3550.00 less \$1000.00(employer contribution) up to a **maximum of \$2550.00/annually**

Single ____ Employee Amount Elected _____ (max. \$2550.00)

Employer Contribution Only _____ (\$83.34, in equal monthly installments*)

Over 55 (up to \$1000.00 additional) _____

For Double/Family:

Amount Contributed IRS maximum of \$7100.00 less \$2000.00 (employer contribution) up to a **maximum of \$5100.00/annually**

Double/Family ____ Amount Elected _____ (max. \$5100.00)

Employer Contribution Only _____ (\$166.67, in equal monthly installments*)

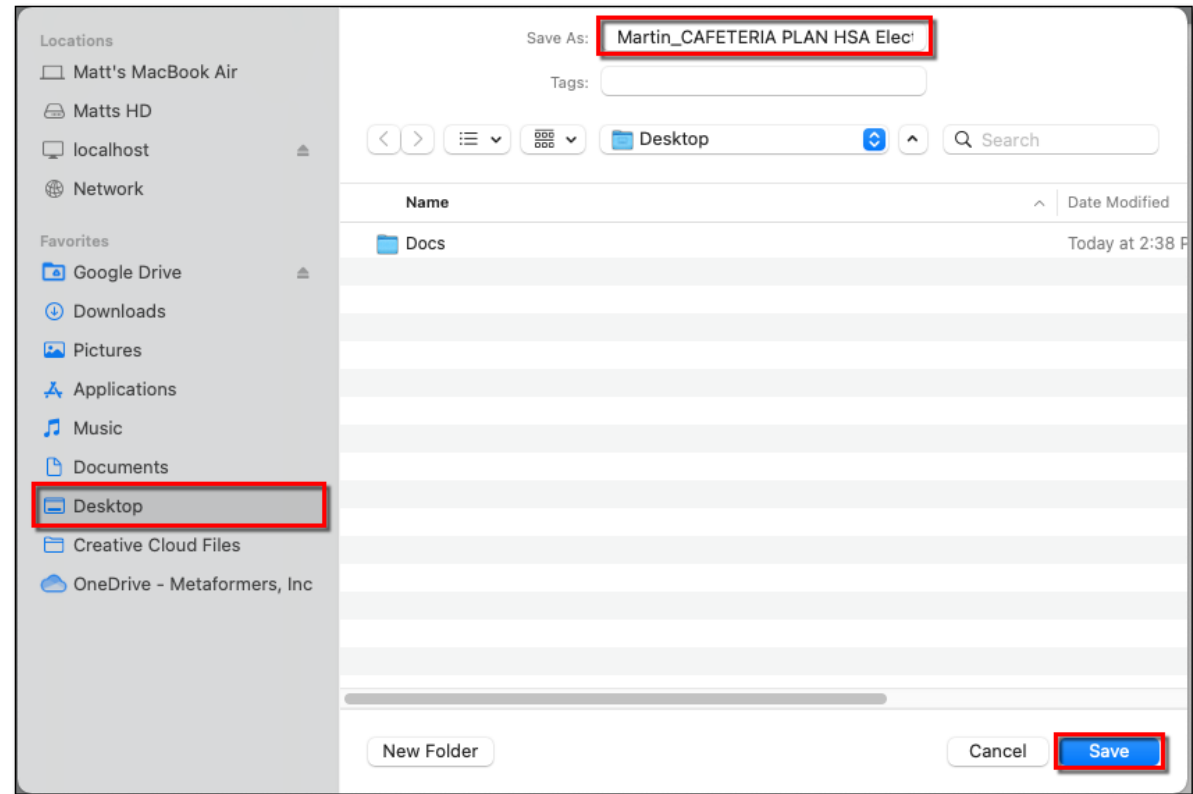
Over 55 (up to \$1000.00 additional) _____

25. Enter your last name in front of the document title in the **Save As** field.

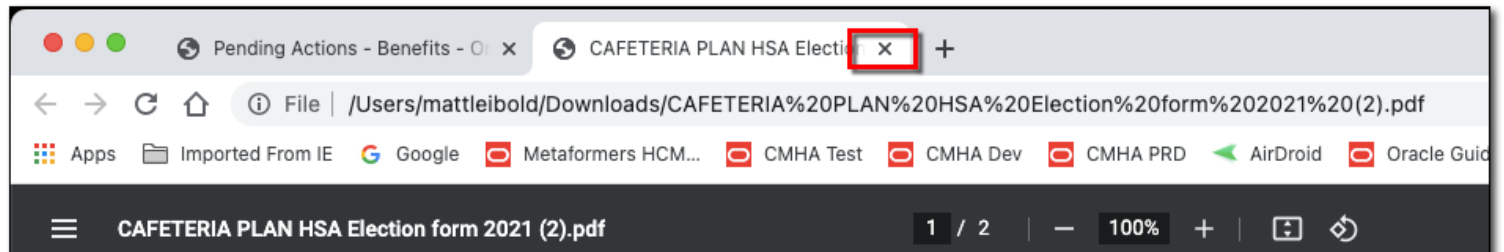
26. Select the location on your computer to save the completed HSA Form.

Note: In this example, the form is being saved to the Desktop.

27. Click the **Save** button.



28. When finished, click the **X** to close the browser tab for the HSA Form.



29. Enter a **Name** for your completed document.
30. Click the **Drag files here or click to add attachment link**.
31. Select **Add File**.

All Countries

Reference Info	Document Type
Gain/Loss of Coverage	Domestic Partner Affidavit
Domestic Partner OEI	Domestic Partner Certificate
Divorce	Proof of Other Coverage
Cafeteria Plan HSA	Proof of External Coverage
Evidence of Insurability	Proof of Good Health

Description
Documents associated with benefits certification - HSA Form


Reference Info
CAFETERIA PLAN HSA Election form 2021.pdf [📄](#)

***Name**

Martin HSA Form

Context Value

Attachments



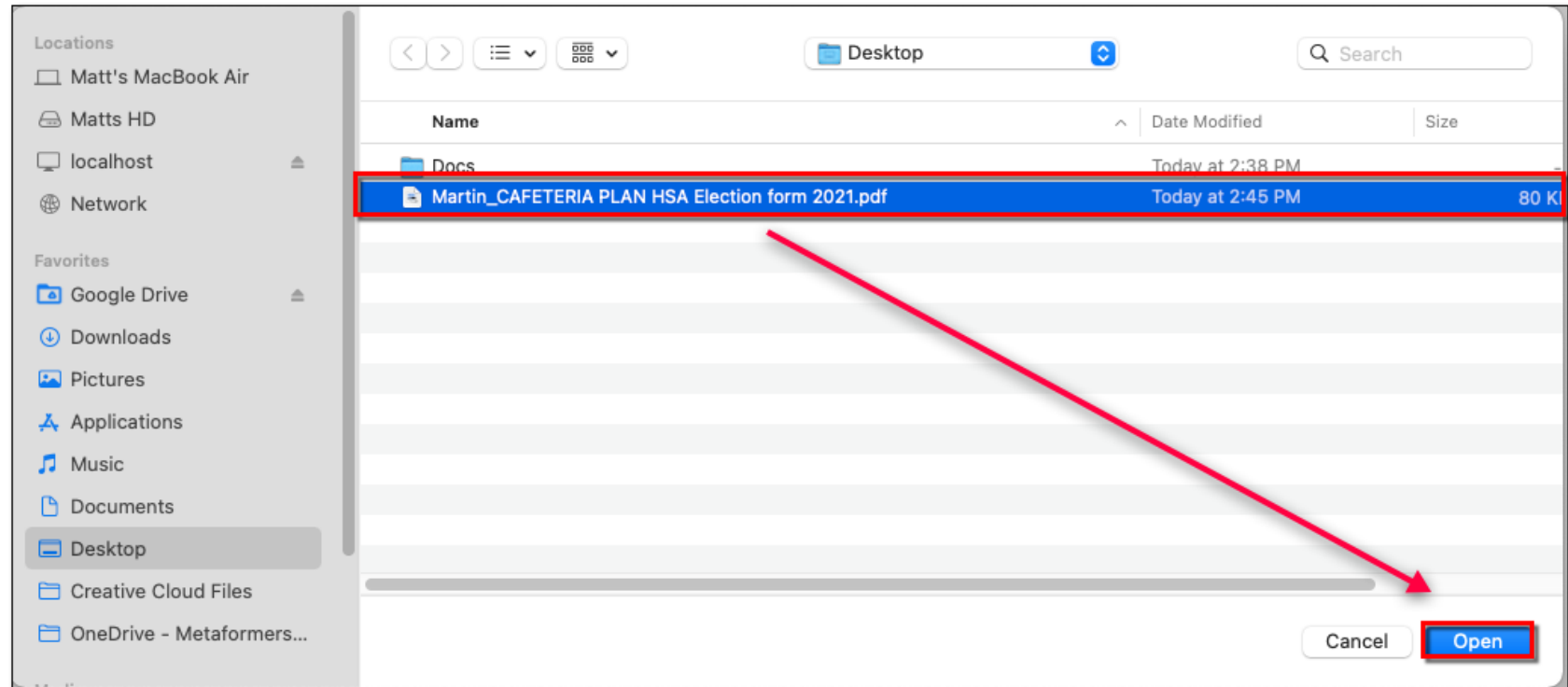
Drag files here or click to add attachment ▼

Add File

Add Link

32. Select your document.

33. Click to complete the upload into Connect.



36. Your HSA Change is Pending Approval with the Benefits Team.

End of Procedure

CMHA Benefits Program

HSA

HSA Form

Health Savings Account (HSA) - Single

Required

Pending approval

[View Attached Documents](#)