

MSD OF MARTINSVILLE

P.O. Box 1416 | 389 E. Jackson Street Martinsville, Indiana 46151 Ph 765-342-6641 | Fax 765-342-6877

Health Savings Account (HSA) Information

HSA Banking Options

BMO | Lively (electronic enrollment)

Lively Health Savings Account Enrollment Form

Complete form and return to payroll department.



Home Bank, SB (open account at local branch)

After opening your account, complete the account information form on page 2 and return to the payroll department





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Employee Information for Home Bank HSA			
Name of Bank:			
Name on account:			
Routing number:			
Account number:			
	ntributio		
	noose one		, ,
Amount to be deducted each payroll: One-time payroll deduction:	_	Pay date:	
2024 HSA (
Individual Plans – Under 55 \$4,150	Individual Plans – 55 + Older		\$ 5,150
Family Plans – Under 55 \$ 8,300	Family Plans – 55 + Older		\$ 9,300
Employee must be enrolled in an H	ISA High I	Deductible Health Plan to c	ηualify.
Farantana Ciamantana		D.J.	
Employee Signature		Date	
Printed Name			