



Employees Election Regarding Medical Savings Account

Employee's Last Name	First Name	Middle Initial	SSN
Employer's Name			
Employer's Address	City	State	Zip
Account Administrator's Last Name	First Name	Middle Initial	
Account Administrator's Address	City	State	Zip
I hereby certify that I am an employee of the above listed employer who has offered to establish a medical savings account in my name with the above listed account administrator in accordance with §39-22-504.7, C.R.S.; or that my employer has not offered to establish such an account but I have established such an account with the above listed account administrator. I hereby elect to have my contributions to such account, not to exceed \$3,000 in any one calendar year, whether paid by my employer, withheld from my wages and paid to the account administrator by my employer, or paid directly to the account administrator by myself, to be made on a Colorado pre-tax basis. Amounts may be distributed from a medical savings account only for the purpose of: reimbursing the eligible medical expenses of the account holder, his or her spouse or dependent children; cashing out the balance in the account of a deceased holder; or cashing out an account holder's prior years' balance. This election and agreement shall continue in effect until canceled by myself or by the account administrator. I hereby acknowledge that I understand that any amounts withdrawn from my account for any purpose other than the payment of medical expenses of myself, my spouse, or my dependent children will constitute Colorado taxable income for myself or my estate, as the case may be.			
Signature			Date (MM/DD/YY)