DR 0810 (07/18/13)

COLORADO DEPARTMENT OF REVENUE

Denver, CO 80261-0005



Employees Election Regarding Medical Savings Account

Employee's Last Name	First Name	Middle Initial	ISSN	
Employer's Name				
Employer's Address	City		State	Zip
Account Administrator's Last Name	First Name	Middle Initial		Initial
Account Administrator's Address	City		State	Zip
account in my name with the abo	loyee of the above listed employer who have listed account administrator in accord blish such an account but I have establis	dance with §39-22-504.7, (C.R.S.; or t	that my
by my employer, withheld from m	utions to such account, not to exceed \$3 by wages and paid to the account admini to be made on a Colorado pre-tax basis	istrator by my employer, or	•	•
expenses of the account holder, I	n a medical savings account only for the his or her spouse or dependent children; an account holder's prior years' balance	; cashing out the balance i		
acknowledge that I understand th	Il continue in effect until canceled by my nat any amounts withdrawn from my acco spouse, or my dependent children will co	ount for any purpose other	than the p	payment of
Signature			Date (MM/DD/)	YY) 🚱