

Norwich University
Health Savings Account Accelerated Deposit Request

Name: _____ ID # A _____
(Please print)

There may be individual instances where accelerated HSA deposits may be warranted. If an employee with an HSA provides evidence that the health plan deductible has been met before Norwich University has completed the scheduled employer deposits to the account, the University will provide an accelerated deposit of the remaining contributions for the plan year at the beginning of the next month.

Note: All requests must include the BlueCross Blue Shield Explanation of Benefits indicating that the deductible has been met.

The undersigned participant in the Plan certifies that expenses incurred toward the deductible were accumulated during a period while the undersigned was covered under the Plan with respect to such expenses and that such expenses have not been reimbursed, or are not reimbursable, under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information provided.

Employee's Signature

Date

\$ _____ Payment Authorized:

Human Resources

Date

Processed by

Date

Routing: _____ HRIS _____ CFO _____ Employee File

1/5/09