



HSA Contribution Advance Request Form

MTECH employees who are eligible to receive HSA contributions may request an advance of future contributions when qualified out-of-pocket medical expenses exceed the contributions made in the current plan year. This request form should be submitted to the Director of Human Resources.

Employee Name: _____

I acknowledge that I have read and understand the following information:

- Any advance contribution will not exceed the difference between the contributions previously made by MTECH this year and the total annual MTECH contribution.
- Any advance contribution will reduce the subsequent contributions made by MTECH during this plan year.
- If I cease to be eligible for HSA contributions mid-year, my receipt of advance contributions could cause my contributions to exceed the annual limit, which may result in income taxation and a penalty.

I further acknowledge that the advance contribution made by MTECH to my HSA represents an interest-free loan. I agree to repay this loan, via a deduction from my paycheck and/or other financing arrangements, in the event that I terminate my employment with MTECH prior to the date on which the advance contributions would have been made to my HSA pursuant to MTECH's normal contribution schedule. If I remain employed through the date on which any portion of the advance contribution would have been made to my HSA pursuant to MTECH's normal contribution schedule, I understand that the portion of the loan representing such portion of the contribution will be forgiven by MTECH and I will not be required to repay that portion of the loan.

Signature

Date

Director of Human Resources

Plan Year Contribution Amount:	
Contributions to Date:	
Contributions Remaining:	
Amount of Advance Available:	
Amount of Advance Recommended:	

Signature

Date

Vice President of Finance

I authorize that _____ be paid to the HSA account holder listed above according to this agreement.

Signature _____

Date _____