



**HEALTH SAVINGS ACCOUNT CONTRIBUTION
FOR 2010**

Plan Name: SouthCoast Medical Group Plan

- **Maximum contribution for year 2010 is:**
 - **Single Coverage \$ 3,050**
 - **Family Coverage \$ 6,150**
- **If you are age 55 or older, you may contribute an additional \$1,000 for the year 2010**

Name of Participant _____

Social Security Number _____ - _____ - _____

Date of Birth ____ / ____ /19 ____

Effective Date of Election: **1/1/2010** (check all that apply):

_____ I elect to contribute in the amount of:

\$ _____ per year

_____ I am age 55 or older, and elect to withhold an additional \$1,000 for 2010.

- I understand that I must complete a Darby Bank H.S.A. account application to open an account.
- I understand that this money will be deposited into my H.S.A. account.
- The beneficiary of these funds will be designated on the Darby Bank application form.

Signature

Date

***Please return completed forms to Christina Burgdorf, HR Administrator
7044 Hodgson Memorial Drive, Savannah, GA 31406 912/303-3523***