



ROCKY MOUNTAIN  
C R A N E S E R V I C E  
C R A N E S E R V I C E

## INSTRUCTIONS FOR FILLING OUT THIS APPLICATION

- 1) You will have to print this document to fill it out, unless you have Adobe Acrobat Pro
- 2) Fill it out neatly and legibly – especially the account and routing numbers
- 3) Return the application to Sierra either in person or via email ([sierra@rockymountaincrane.com](mailto:sierra@rockymountaincrane.com)) -- **do not email this application to the bank or insurance company!**
- 4) We will have to do a \$1.00 test deposit to ensure the correct account information was provided. Please be prepared to check your account balance within 3 days of getting started with this process. **No formal HSA deposits will be made until this \$1.00 test deposit is confirmed.**



**ROCKY MOUNTAIN**  
C R A N E S E R V I C E  
C O N T R I B U T I O N S

## HSA DEDUCTIONS

Please read the following and check the applicable option(s) for depositing money into your HSA (health savings account).

Remember, up to \$3,350.00 can be deposited into your HSA in a single calendar year. RMCS cannot tell you the balance of your account, only how much we have deposited on your behalf. It is your responsibility to know your account balance and ensure that you do not go over the annual limit. If you do go over the limit, it is your responsibility to take the proper actions to correct the excess contribution. RMCS is responsible only for upfront contributions.

Any deductions RMCS makes from your paycheck to contribute to your HSA **must** be direct deposited by RMCS.

### CONTRIBUTION OPTIONS

- 1) I want RMCS to take money out of my paycheck to direct deposit to my HSA (check if applicable) \_\_\_\_  
Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_
- 2) I do **NOT** want RMCS to take money out of my paycheck for my HSA (check if applicable) \_\_\_\_
  - 1) I want a weekly deduction from my paycheck in the amount of \$\_\_\_\_\_. \_\_\_\_  
**OR**
  - 2) I want a weekly percentage-based deduction from my paycheck: \_\_\_\_%  
**OR**
  - 3) I will instruct RMCS when to make a deduction and how much, no set schedule (check if yes) \_\_\_\_\_

**By signing below, you acknowledge and accept the following:**

- 1) If option 1 or 2 was selected, any change to desired contribution schedule will require a new form to be filled out.
- 2) RMCS will continue to make deductions according to the options selected on this form until instructed **in writing** to do otherwise
- 3) RMCS is NOT responsible for account balances or ensuring that contributions are within limits, though a warning will be given if the contribution limit is being approached based on the contributions RMCS has made
- 4) RMCS does not own or have access to individual HSAs under any circumstances. Any questions or concerns about individual HSAs must be directed to Amanda Hansen at Collegiate Peaks Bank.
- 5) RMCS is not responsible for how the HSA is used. Any penalties incurred due to improper use of HSA funds are the sole responsibility of the employee.
- 6) You agree to allow RMCS to do a \$1 test deposit into your HSA account and then follow up with the bank/online banking to ensure that the deposit made it to your account.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employee Print:** \_\_\_\_\_