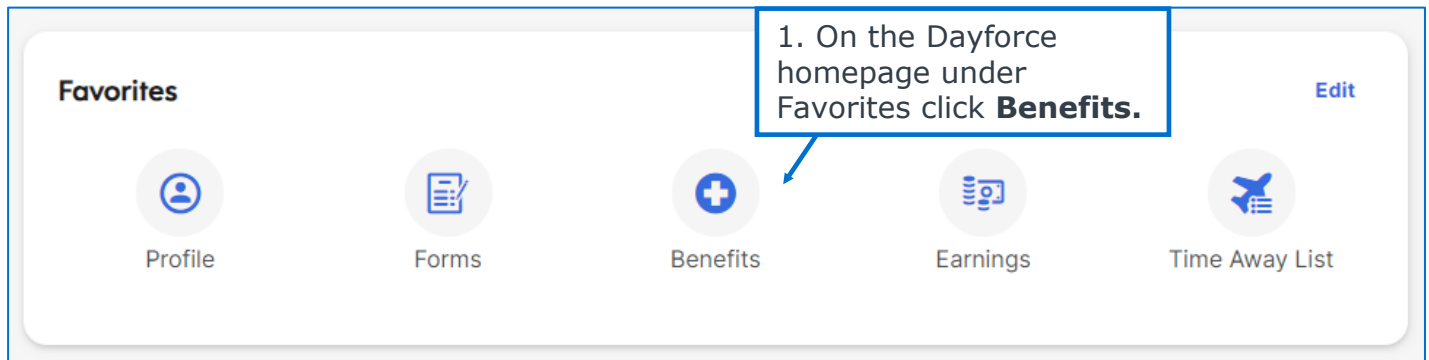


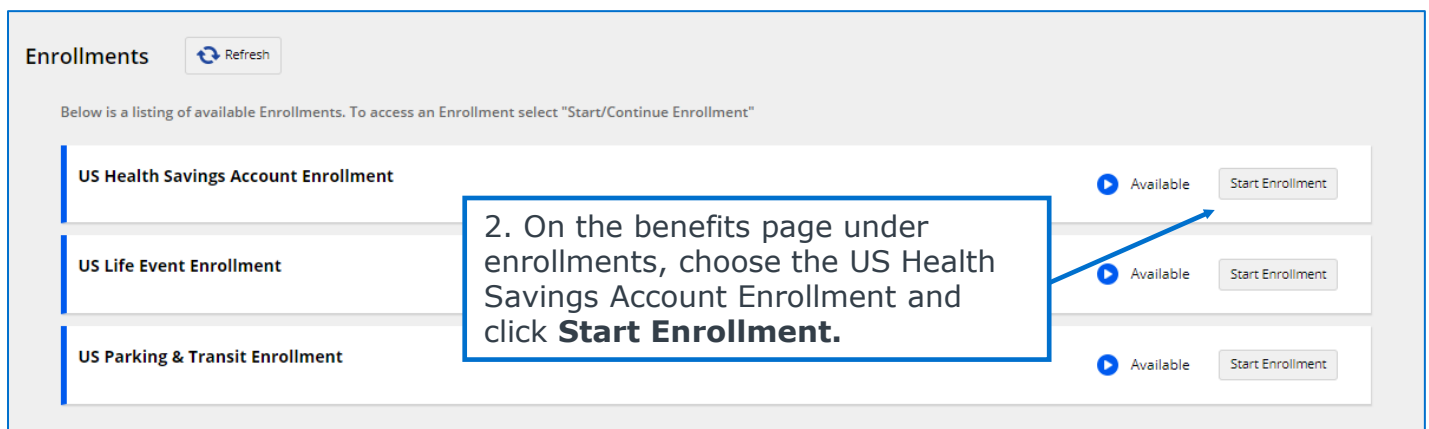
## Health Savings Account Enrollment



**Favorites** Edit

Profile   Forms   **Benefits**   Earnings   Time Away List

1. On the Dayforce homepage under Favorites click **Benefits**.

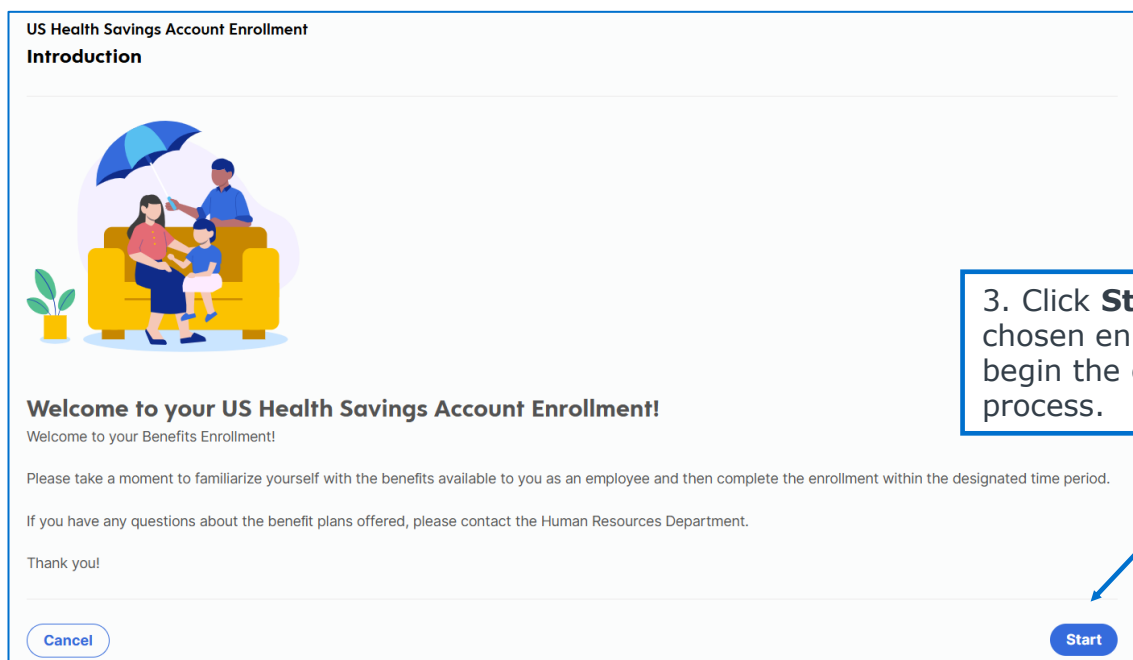


**Enrollments** Refresh


Below is a listing of available Enrollments. To access an Enrollment select "Start/Continue Enrollment"

<b>US Health Savings Account Enrollment</b>	▶ Available	Start Enrollment
<b>US Life Event Enrollment</b>	▶ Available	Start Enrollment
<b>US Parking &amp; Transit Enrollment</b>	▶ Available	Start Enrollment

2. On the benefits page under enrollments, choose the US Health Savings Account Enrollment and click **Start Enrollment**.



**US Health Savings Account Enrollment**  
**Introduction**



**Welcome to your US Health Savings Account Enrollment!**  
Welcome to your Benefits Enrollment!

Please take a moment to familiarize yourself with the benefits available to you as an employee and then complete the enrollment within the designated time period.

If you have any questions about the benefit plans offered, please contact the Human Resources Department.

Thank you!

Cancel Start

3. Click **Start** for your chosen enrollment to begin the enrollment process.

## Health Savings Account Enrollment

**US Health Savings Account Enrollment**  
**Personal Information**

Please review your personal information. Contact your administrator if you need to update your information before enrollment.

Full Name  
Birth Date  
Address

4. Confirm that your information is up to date before moving forward. If it is correct, click **Continue**.

[Finish Later](#) [Back](#) [Continue](#)

**US Health Savings Account Enrollment**  
**Health Savings Account**

**Select a Plan**

**Inspira Financial – HSA Employee Only Premium**  
Effective from 7/1/2025  
*Currently Enrolled*

Your Annual Contribution

480

Amount must be between \$258.20 and \$3,800.00  
Your actual Plan-to-Date Contribution amount for this option is \$258.20

Your Payroll Contribution	\$18.48
Frequency	Every Pay
Employer Annual Contribution	\$500.00
Combined Annual Contribution	\$980.00

Selected

Waive Health Savings Account US  
Effective from 7/1/2025

Select this option to waive the coverage

5. Set/Adjust your annual HSA contribution or waive your HSA Benefit.

[Select](#)

6. Click **Continue**.

[Finish Later](#) [Back](#) [Continue](#)

