

## Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to initiate or make changes to your payroll deduction for contributions to your health savings account (HSA). You must already be enrolled in a consumer-directed health plan with HSA before you can start a payroll deduction. Money you elect to be withheld from your paycheck will be deposited into your HSA account by your employer.

<input type="checkbox"/> Begin New Deduction	<input type="checkbox"/> Change Deduction	<input type="checkbox"/> Stop Deduction	Effective Date: _____ <i>(Note that only your payroll office can confirm the exact effective date.)</i>
<b>1. Employee Information</b>			
Name: _____ <i>(Last, First, Middle initial)</i>  Mailing Address _____  City/State/Zip _____		SSN or _____ Employee ID _____  Work Number ( ) _____  Company Name _____	
<b>2. Calculate Your Per Paycheck contribution to HSA</b>		<b>Family HSA Account</b>	<b>Self-Only HSA Account</b>
IRS maximum contribution allowed <i>(employer + employee)*</i>		\$8,300	\$4,150
Your Employer's Annual Contribution (\$50.00 per Month) (12 Months = \$600.00 Annually)		\$ _____	\$ _____
Your Annual Contribution Amount		\$ _____	\$ _____
Total Annual Contribution (Employer + Employee)		\$ _____	\$ _____
<small>*If you are age 55 or older the IRS allows a "catch-up" provision of \$1,000 for the year. For example, if you are age 55 or older, the self-only contribution maximum would be \$5,150 less the employer contribution.</small>			
<b>3. Declare the Amount to Deduct Per Paycheck to Contribute to Your HSA</b>			
I elect to contribute \$ _____ per pay period. This deduction request replaces any previous payroll deduction requests for HSA. <span style="background-color: yellow;">This is the amount that will be entered in to payroll.</span>			
<b>4. Employee's Signature – Required</b>			
Submit this form to your personnel, payroll or benefits office for processing. To activate employee payroll deductions, you must: <ul style="list-style-type: none"><li>Be enrolled in a high deductible health plan (HDHP)</li></ul> <i>By signing this form, I am requesting that payroll deduction be established or modified as indicated in section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.</i>			
_____ Employee's Signature		_____ Date	

**Give form to your employer. Keep a copy for your records.**