**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 high deductible 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 Flexible Benefits Administrators.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Begin New Deduction | Change Deduction | Stop Deduction | | Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* *Note that only your payroll office can confirm the exact effective date.* | | | |
| 1. **Employee Information** | | | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Last, First, Middle initial)* | | | SSN *or*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee ID | | | | |
| Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Work Number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. **Calculate Your Per Paycheck contribution to HSA** | | | | | **Family HSA Account** | **Self-Only**  **HSA Account** |
| IRS maximum contribution allowed *(employer + employee)\** | | | | | $7,100 | $3,550 |
| Your employer’s annual contribution | | | | | $600 | $600 |
| Your total eligible additional annual contribution for 2020\* | | | | | $6,500 | $2,950 |
| Your elected annual contribution | | | | | $\_\_\_\_\_\_\_\_  (cannot exceed $6,500\*) | $\_\_\_\_\_\_\_\_\_\_  (cannot exceed $2,950\*) |
| Divide: Your annual contribution/number of pay periods left in the year | | | | | **/** | **/** |
| Your per paycheck contribution | | | | | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| *\*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 $4,550 less the $600 employer contribution. You may request up to $3,950 for the year in payroll deduction.* | | | | | | | |
| 1. **Declare the Amount to Deduct Per Paycheck to Contribute to Your HSA** | | | | | | | |
| I elect to contribute $\_\_\_\_\_\_\_\_\_\_ per pay period. This deduction request replaces any previous payroll deduction requests for HSA. | | | | | | | |
| 1. **Employee’s Signature – Required** | | | | | | | |
| Submit this form to your personnel or payroll office for processing.  To activate employee payroll deductions, you must:   * Be enrolled in a High Deductible Health Plan (HDHP) and HSA account. | | | | | | | |
| *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.* | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s Signature | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | |

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