**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.

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| --- | --- | --- | --- |
| [ ]  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**
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| I elect to contribute $\_\_\_\_\_\_\_\_\_\_ per pay period. This deduction request replaces any previous payroll deduction requests for HSA. |
| 1. **Employee’s Signature – Required**
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| 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.
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| *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.**