

Payroll Deduction Form for HSA Contribution

This is the election or change form for you to indicate the amount of your payroll contributions to be placed in the Health Savings Account (HSA) each plan year.

Please complete the following:

First name	M.I.	Last Name	(last 4 digits SS #)

I would like to contribute the following amount to my HSA through pre-tax payroll deductions.

\$ _____ per pay period. I understand that the elected amount will be deducted from my pay in equal installments.

Your HSA will accumulate money through your payroll contribution to reimburse you for qualified health care expenses. Your Health Savings Account belongs to you and is your financial asset even if you change employers or health plans. Your contributions to the health savings account will be made pre-tax through payroll deduction by completing this form.

Reminder: to contribute to a Health Savings account you must meet the following criteria:

- 1) You must be covered by a Qualified High Deductible Health Plan (QHDHP), and
- 2) You cannot be covered by another health plan, including Medicare (other than a QHDHP or other non-QHDHP coverage permitted by law, and
- 3) You cannot be claimed as a dependent on another individual's tax return.

The maximum employee contribution amount cannot exceed the IRS stated maximums for the calendar year. Individuals age 55 and older can make additional catch-up contributions. Check with the IRS guidelines for maximum contributions at www.treas.gov and click on Health Savings Accounts.

- I authorize my employer to reduce my pay before taxes on a "per pay period" basis as indicated above.
- I understand my payroll contribution election (if any) is for one HSA plan year and that I can add, change or revoke my HSA contribution at least once per month in accordance with the Plan's HSA rules.
- I understand that my changes must be prospective in accordance with the Internal Revenue Code (IRC) rules.
- I understand that my election contributions must comply with federal regulations.
- I certify that I am eligible to make HSA contributions and I understand my Employer will rely on this certification in making the contributions to my HSA and for appropriate tax withholding and reporting.

I agree to the above deferral request and will submit this form to my Employer for processing. I also authorize my Employer to make withdrawals from my HSA in the event that a credit entry is made in error. I understand that the custodian may provide my HSA account number to my Employer to facilitate the money transfer. I further understand that the date of my payroll may differ from the date the funds are actually deposited and are available for use.

Print Name: _____

Signature: _____

Date: _____

Return the completed form to the Business Services Office