Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to have your employer withhold money from your paychecks and deposit it into your health savings account (HSA) on a pre-tax basis. **You must be enrolled in a consumer-driven health plan (CDHP) with a HSA before you can start a payroll deduction.**

I wish to:

☐ Begin a deduction ☐ Change my deduction ☐ Stop my deduction Effective date_____

Your payroll office can confirm the effective date.

Section 1: Employee Information

Name_____ (*Last, First, Middle initial*) Mailing address_____ City/State/ZIP_____	SSN or employee ID _____ Work phone number_____ Agency name VOL STATE_____

Section 2: Calculate Your Maximum HSA Contribution

Use the worksheet below to determine how much you can contribute to your HSA in 2019

	Select your enrollment status	
	Individual HSA	**Family HSA**
A. Maximum amount that can be put in your HSA for 2019	$3,500	$7,000
B. Are you age 55 or older? No, write $0. Yes, write $1,000		
C. How much your employer will contribute in 2019		
D. A + B – C = *The **most** you can contribute in 2019*		

If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a midyear change, be sure to include any amounts you have already contributed in 2019.

Section 3: Calculate Your Per-Paycheck HSA Contribution

Continue the worksheet to determine how much you will contribute to your HSA per paycheck.

Individual HSA	**Family HSA**
Total from D. $_____	Total from D. $_____
E. Number of paychecks you will receive in 2019 _____	E. Number of paychecks you will receive in 2019 _____
F. D ÷ E = *This is the **most** you can contribute per paycheck* $_____	F. D ÷ E = *This is the **most** you can contribute per paycheck* $ _____
Amount you elect to contribute to your HSA per paycheck *Can be any amount up to or less than F* $_____	Amount you elect to contribute to your HSA per paycheck *Can be any amount up to or less than F* $_____

Employee's Signature *Required*

By signing this form, I am requesting that payroll deductions be started or changed as shown 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.

This request replaces any previous payroll deduction requests for my HSA.

Employee's signature	Date

Benefits Office Use

Employee's annual contribution	Number of paychecks remaining for 2019	Employee's contribution per paycheck *(amount in Section 3 must must)*
$	$	$

Return this form to the Office of Human Resources and keep a copy for your records.