Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to have your employer withhold money from your paycheck and deposit it into your health savings account on a pre-tax basis.

I wish to:

❑ Begin a deduction ❑ Change my deduction ❑ Stop my deduction Effective date _____

Section 1: Employee Information

Name *(Last, First, Middle initial)*	Social Security number or employee ID
Mailing address	Work phone number
Routing Number 044210403	**HSA ACCOUNT NUMBER** EMPLOYEE MUST PROVIDE ACCOUNT NO.

Section 2: Calculate Your Maximum HSA Contribution

Use the worksheet below to determine how much you can contribute to your HSA in 2017.

	Individual HSA	**Family HSA**
A	Maximum amount that can be put in your HSA for 2017: **$3,400.00**	Maximum amount that can be put in your HSA for 2017: **$6,750**
B	Are you age 55 or older? If *NO*, write $0. If *YES*, write $1,000. $ _	Are you age 55 or older? If *NO*, write $0. If *YES*, write $1,000 $ _
C	How much your employer will contribute in 2017: ***$1560.00***	How much your employer will contribute in 2017: ***$3120.00***
D	**A + B - C =** $ This is the **most** you can contribute in 2017.	**A + B - C =** $ _ This is the **most** you can contribute in 2017.

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 2017.

Section 3: Calculate Your Per-paycheck HSA Contribution

	Total from **D**:	Total from **D**:
E	Number of paychecks to December 1 _ (this is the number of pays left from current effect date)	Number of paychecks to December 1 _ (this is the number of pays left from current effect date)
F	**D ÷ E =** $ _ This is the **most** you can contribute per paycheck	**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): $ _

Section 4: 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.

Employee's signature	Date

The Board contributions will be paid in three installments;

January, June and August.

Return this form to the payroll office