

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 the County's High Deductible Health Insurance Plan.

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)	Social Security number
Mailing address	Work phone number () Home phone number ()
City/State/ZIP Code	Email Address

Section 2: Calculate your maximum HSA contribution

Use the worksheet below to determine how much you can contribute to your HSA in 2020.

Individual HSA		Family HSA	
A	Maximum amount you can put in your HSA for 2020: \$3,550.00		Maximum amount you can put in your HSA for 2020: \$7,100.00
B	Are you age 55 or older? If NO, write \$0. If YES, write \$1,000. \$ _____	B	Are you age 55 or older? If NO, write \$0. If YES, write \$1,000 \$ _____
C	How much your employer will put in your HSA in 2020: \$600.00		How much your employer will put in your HSA in 2020: \$1,200.00
D	A + B - C = \$ _____ This is the most you can contribute in 2020.	D	A + B - C = \$ _____ This is the most you can contribute in 2020.

If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a mid-year change, be sure to include any amounts you have already contributed in 2020.

(continued)

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 (continued)		Family HSA (continued)	
Total from D (page 1): \$ _____		Total from D (page 1): \$ _____	
E	Number of paychecks you will receive in 2020: _____	E	Number of paychecks you will receive in 2020: _____
F	$D \div E =$ \$ _____ This is the most you can contribute per paycheck.	F	$D \div E =$ \$ _____ 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.

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

Employee's signature

Date

Benefits office use only

Employee's annual contribution

Number of paychecks remaining for 2020

Employee's contribution per paycheck
(Amount in Section 3 must match)

\$ _____

\$ _____

Return this form to your personnel, payroll, or benefits office. Keep a copy for your records.

If you receive VA or Medicare benefits, under I.R.S. regulations, you are not eligible to contribute to a H.S.A. Please contact the H.R. or Finance Department for more information.