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.

☐ 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)

Mailing Address _____

City/State/Zip _____

SSN *or* _____
Employee ID

Work Number (__) _____

Agency Name _____

2. Calculate Your Per Paycheck contribution to HSA	Family HSA Account	Self-Only HSA Account
IRS maximum contribution allowed *(employer + employee)**	$8,300	$4,150
Your employer's annual contribution	$600	$600
Your total eligible additional annual contribution for 2024*	$7,700	$3,550
Your elected annual contribution	$_____ (cannot exceed $6,600*)	$_____ (cannot exceed $3,000*)
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 $5,150 less the $600 employer contribution. You may request up to $4,550 for the year in payroll deduction.

3. Declare the Amount to Deduct Per Paycheck to Contribute to Your HSA

I elect to contribute $_____ per pay period. This deduction request replaces any previous payroll deduction requests for HSA.

4. Employee's Signature – Required

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.

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 this form to your employer. Keep a copy for your records.