

Employee Authorization for Payroll Deductions to Health Savings Account

This form is for employees who want to have money withheld from their paychecks by their employer and deposited into their health savings account (HSA) on a pre-tax basis. Not all employers can arrange for payroll deductions, so check with your payroll department before submitting this form. You must be enrolled in a high deductible health plan (HDHP) with an HSA before you can start a payroll deduction.

I Wish To:			
___ Begin a deduction		___ Change my deduction	
___ Stop my deduction		Effective date _____	
Section 1: Employee Information			
Name		Social Security Number:	
Mailing address		Work number:	
City/State/Zip Code			
Section 2: Calculate Your Per-Paycheck Contribution to Your Health Savings Account			
The most the IRS will allow deposited into your HSA for 2016 (employer plus employee contributions)		Family HSA \$6,750	Individual HSA \$3,350
Write in the total contribution you want withheld from your pay for 2016.		\$ _____	\$ _____
Note: You risk paying IRS tax penalties if you exceed the allowed annual contribution. Be sure to consider any amounts you have already contributed if this is a mid-year change.			
*If you are age 55 or older, you can make an additional "catchup" annual contribution of \$1,000. For example, if you are age 55 or older, the individual annual maximum contribution would be \$4,350 and family would be \$7,750.			
Section 3: Per Paycheck Contribution to Your Health Savings Account			
Financial Institution: _____		I elect to contribute \$ _____ per paycheck to my health savings account. This request replaces any previous payroll deduction requests for my HSA.	
Address: _____			
Account No.: _____			
Bank Routing No.: _____			
Section 4: Employee's Signature			
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 _____	
For Your Payroll Office Use			
Employee's Annual Contribution \$	Number of paychecks remaining for this year:	Employee's contribution per paycheck:	Contribution Effective Date:
Signature of Treasurer/Finance Manager		Date	

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