Employee HSA payroll deduction form

Return completed forms to:

Company name:______________________________

Attn:______________________________

Fax:______________________________

Email address:______________________________

Annual employer contribution information

Self-only	Family	Other (optional)

For mid-year enrollees, contact your HR department for your pro-rated employer election amount.

Notes

HSA contribution limits and contribution calculator

2019 annual HSA contributions		
Coverage type	Total annual contribution*	Per month
Self-only	$3,500	$291.67
Family	$7,000	$583.33

*Catch-up contribution (age 55+): additional $1,000/year

2020 annual HSA contributions		
Coverage type	Total annual contribution*	Per month
Self-only	$3,550	$295.83
Family	$7,100	$591.67

*Catch-up contribution (age 55+): additional $1,000/year

Total annual contribution	- (MINUS)	Total annual employer contribution	=	Total eligible amount
2020 Self-Only $3,550				3550

Total eligible amount	/ (DIVIDED)	Enter number of pay periods remaining in the year from form submittal date	=	Per-pay period max withholding
3550		1		3,550.00

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact HealthEquity Member Services at 866.346.5800.

Employee information and authorization

Employee name	Last 4 of SSN or employee ID

Please withhold $ ______________ from my (weekly/bi-weekly/monthly) payroll and apply the funds to my HealthEquity HSA.

Signature	Date