

Employee Authorization for Payroll Deduction into a 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 (H.S.A) on a pre-tax basis.

I wish to: <input type="checkbox"/> Begin a new deduction <input type="checkbox"/> Change my deduction <input type="checkbox"/> Stop my deduction	Effective Date:
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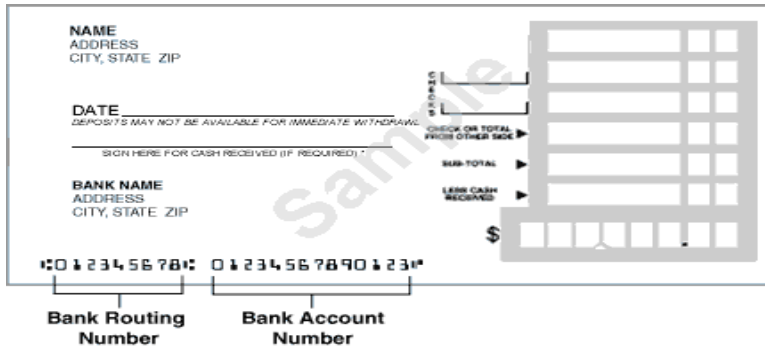
Section 1: Employee Information

Name:	(Last, First, Middle Initial)	Employee Number:	
Mailing Address:		Work Phone Number:	
City/State/Zip		Department:	

Section 2: Deposit Information

Financial Institution:	Branch:		Check Applicable Box
City:	State:	Zip:	Checking <input type="checkbox"/>
		Phone #:	Savings <input type="checkbox"/>
Bank Transmit/ABA #:	Account		

PLEASE NOTE: Please verify the type of account (H.S.A.), bank transmit #, and account # with your bank before submitting this form. **A blank/voided deposit slip for the account or letter from your financial institution must be attached and all information must be completed in full before your request can be processed.**



Section 3: Per-Paycheck Contribution to Your H.S.A. (Use worksheet on backside to calculate)

I elect to contribute \$ _____ per paycheck to my health savings account (H.S.A.). This request replaces any previous payroll deduction requests for my H.S.A. **(If zero dollars please write that so no assumptions are made)**

I elect to have a one-time cash conversion of my sick leave "cash balance" account in the amount of \$ _____ be transferred to my H.S.A. for 2018. **(If zero dollars please write that so no assumptions are made)**

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 H.S.A. per IRS rules and I may be liable for tax penalties if I exceed this amount. I also understand and attest that my participation in an H.S.A. meets the requirements set forth by the IRS and County policy.

_____ Employee's Signature	_____ Date
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Calculate Your Per-Paycheck Contribution to Your H.S.A.

Select one

Family H.S.A.

Individual H.S.A.

IRS maximum contribution allowed for 2018 (employer + employee)	\$6,900.00	\$3,450.00
Your employer's annual contribution for 2018	\$1,200.00	\$600.00
Your eligible annual contribution for 2018*	\$5,700.00	\$2,850.00
Your elected conversion from your "sick leave cash balance account. For single plans, this amount may not exceed \$1000 and for family no more than \$1750 if under age 55*		
Allowable amount remaining:		
Your elected annual contribution for 2018 – the combination of the one-time conversion and bi-weekly payroll deductions may not exceed the following: \$5,700 family or \$2,850 single annually if under the age of 55.		
Total Contribution From Payroll Deduction:		
Amount to be deducted from each payroll check: <small>(Divide your "Total Contribution From Payroll Deduction" listed above by the number of pay periods left in the year = Your per-paycheck contribution)</small>		

*If you are age 55 or older, you can make an additional "catch-up" annual contribution of \$1,000. For example, if you are age 55 or older, the individual annual maximum contribution would be \$3,850, which is remaining after the employer contribution. You can convert the addition \$1,000 from your sick bank only if you are making the maximum contribution allowed for 2018. This would bring your sick bank conversion amounts to \$2000 single and \$2750 family.

** Number of pay periods will change based on employee's hire date

*** Please speak with the Payroll & Benefits Coordinator for info on actual eligible amounts.

For example:

	Family Plan	Single Plan
IRS maximum contribution allowed for 2018 (employer + employee)	\$6,900	\$3,450
Your employer's annual contribution for 2018	\$1,200	\$600
Your eligible annual contribution for 2018*	\$5,700	\$2,850
Your elected conversion from your "sick leave cash balance account. For single plans, this amount may not exceed \$1000 for single and for family no more than \$1750	\$1,750	\$1,000
Allowable amount remaining:	\$3,950	\$1,850
Your elected annual contribution for 2018 – the combination of the one-time conversion and bi-weekly payroll deductions may not exceed the following: \$5,700 family or \$2,850 single annually if under the age of 55.		
Total Contribution From Payroll Deduction:	\$3,950	\$1,850
Amount to be deducted from each payroll check: <small>(Divide your "Total Contribution From Payroll Deduction" listed above by the number of pay periods left in the year = Your per-paycheck contribution) (\$3,950/26=151.92) (1850/26=71.15)</small>	\$151.92	\$71.15

The employee will have a total annual H.S.A. contribution of:

Employer	\$1,200
Cash Acct conversion	\$1750
Bi-weekly deduction	\$151.92 (\$3,949.92)
Total =	\$6,899.92