# Employee Authorization for Payroll Deduction to Health Savings Account

**You must be enrolled in a High Deductible health plan (HDHP) with a HSA before you can start a payroll deduction.**

I wish to:

☐ Begin a deduction ☐ Change my deduction ☐ Stop my deduction ☐ Make a one-time deduction in addition to my regular contribution.

Effective date_____ *Columbus State will confirm the effective date*.

Section 1: Employee Information

| | |
|---|---|
| Name_____<br>(*Last, First, Middle initial*)<br>Mailing address_____<br>City/State/ZIP_____ | SSN or employee ID _____<br>Work phone number_____ |

Section 2: Calculate Your Maximum HSA Contribution
*Use the worksheet below to determine how much you can contribute to your HSA in 2018.*

| | Select your enrollment status | |
|---|---|---|
| | **Individual HSA** | **Family HSA** |
| A. Maximum amount that can be put in your HSA for 2018 | $3,450 | $6,850 |
| B. Are you age 55 or older? No, write $0. Yes, write $1,000 | | |
| C. How much your employer will contribute in 2018 | | |
| D. A + B – C =<br>*The **most** you can contribute in 2018* | | |

If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a midyear change, be sure to include any amounts you have already contributed in 2018.

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** | **Family HSA** |
|---|---|
| Total from D. $_____ | Total from D. $_____ |
| E. Number of paychecks you will receive in the calendar year _____ | E. Number of paychecks you will receive in the calendar year _____ |
| F. D ÷ E =<br>*This is the **most** you can contribute per paycheck*<br>$_____ | F. D ÷ E =<br>*This is the **most** you can contribute per paycheck* $<br>_____ |
| Amount you elect to contribute to your HSA per paycheck<br>*Can be any amount up to or less than F*<br>$_____ | Amount you elect to contribute to your HSA per paycheck<br>*Can be any amount up to or less than F*<br>$_____ |

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. I understand that I cannot be enrolled in any other healthcare plan unless it meets the definition of a High Deductible Plan (including Medicare).

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

| Employee's signature | Date |
|---|---|
| | |

Benefits Office Use

| Employee's annual contribution | Number of paychecks remaining for the calendar year | Employee's contribution per paycheck<br>*(amount in Section 3)* |
|---|---|---|
| $ | $ | $ |

**Return this form to your benefits office. Keep a copy for your records.**

**Revised 3/19/2018**