

TALMER BANK

2016 PAYROLL DEDUCTION AUTHORIZATION FORM

PRIORITY HEALTH Members Only

CDH# 2401

Employee Name: _____

Health Savings Account Contribution Limits

Coverage Type	Contribution Limit for 2016
Self Only	\$3,350
2 Person/Family	\$6,750

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

*You must subtract the district's contribution from the annual contribution amounts

Eligibility and contribution limits to your health savings account (H.S.A.) are determined by the effective date of the high-deductible health plan (HDHP). The coverage dates for this plan are January – December. If you're covered as of January 1, you're considered an eligible individual for the entire year.

Authorization

I hereby authorize Port Huron Area School District to deposit my payroll earnings into the account listed below and if necessary, debit entries or adjustments for any deposits made in error to my account. This authority will remain in full force and effect until written notice from me has been received by Port Huron Area School District in such a manner as to afford reasonable time to act on it.

Please withhold \$_____ from each payroll and apply the funds to my Health Savings Account

This deduction can be changed or cancelled at any time during the year by completing a new form.

Employee Signature: _____ Date: ___/___/___

Talmer Bank Account Number: _____