

# Employee HSA Payroll Deduction Form

Return completed forms to:



Company Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Contribution Information		
Self-Only	Family	Other (optional)
Contribution is funded		
Notes: _____		

HSA Contribution Limits and Contribution Calculator																													
<table border="1"> <thead> <tr> <th colspan="3">2013 Annual HSA Contributions</th> </tr> <tr> <th>Coverage Type</th> <th>Total Annual Contribution*</th> <th>Per Month</th> </tr> </thead> <tbody> <tr> <td>Self-Only</td> <td>\$3,250</td> <td>\$270.83</td> </tr> <tr> <td>Family</td> <td>\$6,450</td> <td>\$537.50</td> </tr> </tbody> </table>			2013 Annual HSA Contributions			Coverage Type	Total Annual Contribution*	Per Month	Self-Only	\$3,250	\$270.83	Family	\$6,450	\$537.50	<table border="1"> <thead> <tr> <th colspan="3">2014 Annual HSA Contributions</th> </tr> <tr> <th>Coverage Type</th> <th>Total Annual Contribution*</th> <th>Per Month</th> </tr> </thead> <tbody> <tr> <td>Self-Only</td> <td>\$3,300</td> <td>\$275.00</td> </tr> <tr> <td>Family</td> <td>\$6,550</td> <td>\$545.83</td> </tr> </tbody> </table>			2014 Annual HSA Contributions			Coverage Type	Total Annual Contribution*	Per Month	Self-Only	\$3,300	\$275.00	Family	\$6,550	\$545.83
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<p>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.</p>																													

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