

TESC Employee Authorization for Payroll Deduction to Health Savings Account 2015

You must already be enrolled in a Consumer-Directed Health Plan with an HSA before you can start a payroll deduction. Use this form to initiate or make changes to your payroll deduction for contributions to your health savings account (HSA). Money you elect to have withheld from your paycheck will be deposited into your HSA by your employer.

<input type="checkbox"/> Begin New Deduction	<input type="checkbox"/> Change Deduction	<input type="checkbox"/> Stop Deduction	Requested Effective Date: _____	Payroll Effective Date: _____ <small>* only your payroll office can confirm the effective date</small>
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1. Employee Information

Name (Last, First, Middle Initial)	Employee ID (A#)
Street Address	Employee Date of Birth
City, State, Zip	Work Phone Number

2. Calculate Your Per Paycheck Contribution to HSA	Family HSA	Self-Only HSA
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IRS maximum contribution allowed (*employer + employee*)* **if you are age 55 or older, the IRS allows a "catch-up" provision of \$1,000 for the year. For example, if you are age 55 or older, the self-only contribution maximum would be \$4,350 less the \$700 employer contribution. You may request up to \$3,650 for the year in payroll deduction.*

1	Under age 55 IRS maximum for 2015	\$6,650.00	\$3,350.00
1	Age 55 or older IRS maximum for 2015	\$7,650.00	\$4,350.00
2	Your employer's per month contribution for 2015	\$ 116.67	\$ 58.34
3	Months of eligibility for employer contribution in 2015		
4	Employer's total contributions for 2015 (multiply boxes 2 x 3)	\$ (x12=1400)	\$ (x12=700)
5	2015 SmartHealth Wellness Incentive (write \$125 if you qualify)	\$	\$
6	Employee's total contributions made YTD (for mid-year changes)	\$	\$
7	Remaining allowable contributions for 2015 (subtract boxes 4 ,5,and 6 from applicable IRS maximum by age)	\$	\$
8	Employee's NEW additional annual contribution election (Do not exceed box 7 amount)	\$	\$
9	Number of pay checks remaining in 2015		
10	Your per pay check contribution (box 8 divided by box 9)	\$	\$

3. Declare the Amount to Deduct Per Paycheck to Contribute to Your HSA

I elect to contribute \$ _____ per pay period. This deduction request replaces any previous payroll deduction requests for HSA. I understand that this amount will be deducted anytime that I have enough pay for the deduction.

4. Employee's Signature – Required

Submit this form to your payroll & benefits office for processing.

To activate employee payroll deductions, you must be enrolled in a PEBB-sponsored consumer-directed health plan (CDHP) and HSA.

By signing this form, I am requesting that payroll deduction be established or modified as indicated 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.

Employee's Signature

Date