

2016 EMPLOYEE AUTHORIZATION FOR PAYROLL DEDUCTION TO HEALTH SAVINGS ACCOUNT (HSA)

Use this form to initiate or make changes to your payroll deduction for contributions to your health savings account (HSA). You must be enrolled in BSSP's consumer-directed and HSA-eligible health plans (Cedar or Dogwood) before you can start a payroll deduction. Money you elect to be withheld from your paycheck will be deposited into your HSA account by your employer. You may not make any deferrals to an unreimbursed medical account when making deferrals to an HSA. For more information on the benefits of an HSA, visit www.wellsfargo.com/hsa.

<input type="radio"/> Begin New Deduction	<input type="radio"/> Change Deduction	<input type="radio"/> Stop Deduction	Effective Date: _____ <i>Note that the payroll office will confirm the exact effective date.</i>
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1. Employee Information

Name: _____ <i>(Last, First, Middle initial)</i>	SSN or Employee ID _____
Mailing Address _____	Daytime Phone Number: _____
City/State/Zip _____	

2. Calculate Your Per-Paycheck Contribution to HSA	Cedar		Dogwood	
	Family	Self-Only	Family	Self-Only
a. IRS maximum contribution allowed (<i>employer + employee</i>)*	\$6,750	\$3,350	\$6,750	\$3,350
b. Your employer's annual contribution through 6/30/16 (if your first month of coverage in the Cedar plan was between January and June, 2016)			0	0
c. Your total eligible additional annual contribution for 2016 (<i>a-b</i>)			6,750	3,350
d. Your contributions previously made in 2016				
e. Your remaining available annual contribution (<i>c-d</i>)				
f. Number of pay periods left in the year				
g. Your per-paycheck contribution (<i>e÷f</i>)				

**If you are age 55 or older the IRS allows a "catch-up" provision of \$1,000 for the year.*

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

I elect to contribute \$_____ (cannot exceed amount in line 2.g., above) per pay period. This deduction request replaces any previous payroll deduction requests for HSA.

4. Employee's Signature – Required

Submit this form to the Benefits office for processing. To activate employee HSA payroll deductions, you must:

- Be enrolled BSSP's Cedar or Dogwood medical plans.
 - Have completed the Wells Fargo Health Savings Account / Account Authorization Form.
- If you will be maintaining a HSA at a bank other than Wells Fargo, you will need to submit documentation of that account along with this form.*

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
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Return this form to the Payroll department. Keep a copy for your records.