



Murray City School District

Employee HSA Contribution Form

Please fill out this form out and return it to the district office.

Name First: _____ Middle: _____
Last: _____

Social Security Number: _____

☐ **How much would you like to contribute to your HSA each month?**

\$

(Not sure how much you can contribute to your HSA? Use the information below.)

☐ **Waive Contributions. I do not wish to make payroll contributions to my HSA.**

By signing this form I authorize my employer to reduce my pay on a per pay period basis as indicated above. I am aware that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for contributions to my HSA.

Signature _____ **Date** _____

2014 Annual HSA Contributions

Coverage Type	2014 Maximum Allowed
Single	\$3,300
Family	\$6,550

*Catch-up contribution (age 55 +) is \$1,000

Your eligibility to contribute to an HSA is determined by the effective date of your HDHP coverage. Your annual contribution depends on your HDHP coverage. For 2007 and forward, if you are covered on December 1, you are treated as an eligible individual for the entire year and do not need to prorate contributions based on number of months enrolled. However – if you cease to be an eligible individual during the next calendar year, the excess over the prorated contribution is included in income and subject to a 10 percent additional tax. The amount you can contribute is not determined by the date you establish your account.