

St. Charles CUSD #303

Employee Authorization for Payroll Deduction to Health Savings Account

SECTION 1 | Deduction Beginning or Change

I wish to:

Begin my deduction Change my deduction Stop my deduction

Effective Date: ____/____/____

Benefits Coordinator will confirm the effective date.

SECTION 2 | Employee Information

First Name	M.I.	Last Name	Date of Birth*	Social Security Number	Phone Number	
Address				City	State	Zip

SECTION 3 | Calculate Your Annual Contribution to Your HSA

	Select your enrollment status	
	Individual <input type="checkbox"/>	Family (2 or more) <input type="checkbox"/>
The most you can contribute for 2017 (per IRS regulations, including employee and employer contributions*)	\$3,400	\$6,750
How much your employer will contribute for 2017 (annual amounts shown, prorated monthly for new hires)	\$500	\$1,000
The maximum that you can deposit annually in addition to the employer contribution	\$2,900	\$5,750
Write in the total amount that you want withheld from your pay for 2017 **	<i>(cannot exceed \$2,900 under age 55 or \$3,900 age 55 and over)</i>	<i>(cannot exceed \$5,750 under age 55 or \$6,750 age 55 and over)</i>

* If you are age 55 or older, you can make an additional "catch-up contribution" of \$1,000 annually.
** Note: You risk paying IRS tax penalties if you exceed the allowed annual contribution. Be sure to consider any amounts you have already contributed if this is a mid-year election/change or if you a mid-year change in eligibility.

SECTION 4 | Per-Paycheck Contribution to Your HSA (must correspond to the annual amount in Section 3)

I elect to contribute \$_____ per paycheck to my Health Savings Account. This request replaces any previous HSA payroll deduction requests.

SECTION 7 | Authorization (required)

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 4 above and agree to the preceding terms. I understand that there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed these limits.

Employee Signature _____

Print Name _____ Date _____

Benefits Coordinator Use

Employee's Annual Contribution	Number of Paychecks Remaining for 2017	Employee's Contribution Per Paycheck <i>(must match amount in Section 4)</i>
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Sections 1-7 are required. Please check to be sure you completed all sections. Return this form to Lonnie Gridley, Benefits Coordinator. Keep a copy for your records.