

# Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to have your employer withhold money from your paychecks and deposit it into your health savings account (HSA) on a pretax basis. Check with your payroll department before submitting this form; not all employers can arrange for payroll deductions. **You must be enrolled in a consumer-directed health plan (CDHP) with a Health Savings Account (HSA) before you can start a payroll deduction.** (Go to [www.healthequity.com/pebb](http://www.healthequity.com/pebb) for eligibility and other information.)

<b>I want to:</b>	
<input type="checkbox"/> Begin a deduction	<input type="checkbox"/> Change my deduction
<input type="checkbox"/> Stop my deduction	Effective date _____
Your payroll office can confirm the effective date.	
<b>Section 1: Employee information</b>	
Name (Last, First, Middle initial)	Social Security number (or employee ID for higher education institutions)
Mailing address	Work phone number (     )
City/State/ZIP Code	Agency name

<b>Section 2: Calculate your maximum HSA contribution</b>			
Use the worksheet below to determine how much you can contribute to your HSA in 2019.			
<b>Individual HSA</b>		<b>Family HSA</b>	
<b>A</b>	Maximum amount you can put in your HSA for 2019: <b>\$3,500.00</b>	<b>A</b>	Maximum amount you can put in your HSA for 2019: <b>\$7,000.00</b>
<b>B</b>	Are you age 55 or older? If NO, write \$0. If YES, write \$1,000.     \$ _____	<b>B</b>	Are you age 55 or older? If NO, write \$0. If YES, write \$1,000     \$ _____
<b>C</b>	How much your employer will put in your HSA in 2019: <b>\$700.08</b>	<b>C</b>	How much your employer will put in your HSA in 2019: <b>\$1,400.04</b>
<b>D</b>	Will you qualify to receive the SmartHealth wellness incentive in January 2019? If NO, write \$0. If YES, write \$125.     \$ _____	<b>D</b>	Will you qualify to receive the SmartHealth wellness incentive in January 2019? If NO, write \$0. If YES, write \$125.     \$ _____
<b>E</b>	<b>A + B - C - D =</b> \$ _____ This is the <b>most</b> you can contribute in 2019.	<b>E</b>	<b>A + B - C - D =</b> \$ _____ This is the <b>most</b> you can contribute in 2019.
<b>If your contributions exceed the amount in E, you risk paying IRS tax penalties. If you are submitting a mid-year change, be sure to include any amounts you have already contributed in 2019.</b>			

(continued)

**Section 3: Calculate your per-paycheck HSA contribution***Continue the worksheet to determine how much you will contribute to your HSA per paycheck.*

Individual HSA <i>(continued)</i>		Family HSA <i>(continued)</i>	
Total from <b>E</b> (page 1): \$ _____		Total from <b>E</b> (page 1): \$ _____	
<b>F</b>	Number of paychecks you will receive in 2019: _____	<b>F</b>	Number of paychecks you will receive in 2019: _____
<b>G</b>	$E \div F =$ \$ _____ This is the <b>most</b> you can contribute per paycheck.	<b>G</b>	$E \div F =$ \$ _____ This is the <b>most</b> you can contribute per paycheck.
Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than <b>G</b> ): \$ _____		Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than <b>G</b> ): \$ _____	

**Section 4: Employee's signature *Required***

By signing this form, I am requesting that payroll deductions start or change as shown 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.

**This request replaces any previous payroll deduction requests for my HSA.**

Employee's signature

Date

**Benefits office use**

Employee's annual contribution

Number of paychecks remaining for 2019

Employee's contribution per paycheck  
*(Amount in Section 3 must match)*

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**Return this form to your personnel, payroll, or benefits office. Keep a copy for your records.**