

Lancaster County Public Schools

“Learning Today, Leading Tomorrow”

ADDITIONAL HSA PAYROLL WITHHOLDING FORM

I, _____, Hereby give permission to Lancaster County Public Schools to deduct an additional \$_____ * from my paycheck each month, for deposit into my HSA Medical Account.

*Limits on annual contributions to HSA are;

	<u>2017</u>	<u>2018</u>
Contribution Limit-Individual	\$3,400	\$3,450
Contribution Limit-Family	\$6,750	\$6,900
Catch-up Contributions*	\$1,000	\$1,000

*Individuals age 55 and older, who are covered by an HDHP (high deductible health plan), can make additional catch-up contributions each year until he/she enrolls in Medicare.

It is your responsibility to monitor the contributions made to your plan. The payroll department will process the contributions as you direct. Both the amount paid by the employer and the amount deducted from your paycheck in the calendar year make up the total contribution reported to the IRS.

Employee Signature: _____ Effective
Date: _____