

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: 01 /01 /2020

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 2020 (per IRS regulations, including employee and employer contributions*)	\$3,550	\$7,100
How much your employer will contribute for 2020 (annual amounts shown, prorated monthly for new hires)	\$500	\$1,000
The maximum that you can deposit annually in addition to the employer contribution	\$3,050	\$6,100
Write in the total amount that you want withheld from your pay for 2019 **	(cannot exceed \$3,050 under age 55 or \$4,050 age 55 and over)	(cannot exceed \$6,100 under age 55 or \$7,100 age 55 and over)

* 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 2020

Employee's Contribution Per Paycheck
(must match amount in Section 4)

Sections 1-7 are required. Please check to be sure you completed all sections. Return this form to Alexia Montavon, Benefits Coordinator. Keep a copy for your records.