

# Employee HSA payroll deduction form



Return completed forms to:

Company name: Marlette Community Schools

Attn: Deanna L. King

Fax: 989 635 7103

Email address: dking@marletteschools.org

Annual employer contribution information		
Self-only	Family	Other (optional)
1400.00	2800.00	

For mid-year enrollees, contact your HR department for your pro-rated employer election amount.

Notes

2019 annual HSA contributions			2020 annual HSA contributions		
Coverage type	Total annual contribution*	Per month	Coverage type	Total annual contribution*	Per month
Self-only	\$3,500	\$291.67	Self-only	\$3,550	\$295.83
Family	\$7,000	\$583.33	Family	\$7,100	\$591.67

\*Catch-up contribution (age 55+): additional \$1,000/year

<b>Total annual contribution</b>	-	<b>Total annual employer contribution</b>	=	<b>Total eligible amount</b>
2020 Self-Only \$3,550	(MINUS)			3550
<b>Total eligible amount</b>	/	<b>Enter number of pay periods remaining in the year from form submittal date</b>	=	<b>Per-pay period max withholding</b>
3550	(DIVIDED)	1		3,550.00

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact HealthEquity Member Services at 866.346.5800.

Employee information and authorization	
Employee name	Last 4 of SSN or employee ID
Please withhold \$ _____ from my (weekly/bi-weekly/monthly) payroll and apply the funds to my HealthEquity HSA.	
Signature	Date