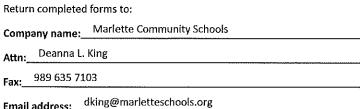
Employee HSA payroll deduction form





Attn: Deanna L. King									
Fax: 989 635 7103									
Email address: dking	@marlettescho	ols.org							
Annual emplo	yer contrib	ution info	rmation						
	elf-only				nily		Other (optional)		
1400.00							Other (optional)		
1400.00			2800.00						
For mid-year enrollee	s, contact your	HR departmer	nt for your pro-rated	en	nployer election amou	ınt.			
HSA contributi	on limits a	nd contril	oution calcula	to	or				
2	019 annual HSA	contributions	contributions		26	020 annual HSA contributions			
Coverage type	Total annual contribution		Per month		Coverage type	Total a	nnual contribution*	Per month	
Self-only	\$3,500		\$291.67	\$291.67 Self-only			\$3,550 \$295.83		
Family \$7,			\$583.33		Family		\$7,100 \$591.67		
*Catch-up contribution (age 55+): additional \$1,000/year				*Catch-up contribution (age 55+): additional \$1,000/year					
Total annual contribution		- (MINUS)	Total annual employer contribution		=	Total eligible amount			
2020 Self-Only \$3,550						3550			
Total eligible amount		/ (DIVIDED)	Enter number of pay periods remaining in the year from form submittal date		п	Per-pay period max withholding			
			1			3,550.00			
(HDHP). If you're cove contributions. If you contributions.	red as of Decem ease to be an el nd subject to a p	nber 1, you're igible individu	considered an eligib al during the next ca	ole i alei	individual for the entire ndar year, any funding	re year an ; over the	e of your high-deducti d you're not required t prorated amount is co cy, please contact Healt	o pro-rate your nsidered an	
Employee info	rmation an	d authori	zation				-		
Employee name			Last 4 of SSN or employee)			
Please withhold \$		from my (v	veekly/bi-weekly/m	ont	thly) payroll and apply	the fund:	s to my HealthEquity H	SA.	
Signature					Date				

HealthEquity.com 866.346.5800