

Employee HSA payroll deduction form



Return completed forms to:

Company name: _____

Attn: _____

Fax: _____

Email address: _____

Annual employer contribution information

Self-only	Family	Other (optional)

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

Notes: _____

HSA contribution limits and contribution calculator

2016 annual HSA contributions			2017 annual HSA contributions		
Coverage type	Total annual contribution*	Per month	Coverage type	Total annual contribution*	Per month
Self-only	\$3,350	\$279.16	Self-only	\$3,400	\$283.33
Family	\$6,750	\$562.50	Family	\$6,750	\$562.50

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

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Total annual contribution	- (MINUS)	Total annual employer contribution	=	Total eligible amount
<input type="text"/>		<input type="text"/>		<input type="text"/>
Total eligible amount	/ (DIVIDED)	Enter number of pay periods remaining in the year from form submittal date	=	Per-pay period max withholding
<input type="text"/>		<input type="text"/>		<input type="text"/>

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