



OFFICE USE ONLY	
ANNUAL PLEDGE	CURRENT YTD

Health Savings Account- 2015 Payroll Deduction Contribution Form

Use this form to start, stop or change contributions to your HSA through semi-monthly payroll deductions.

Employee's Information			Submit Form To
Last Name	First Name		E-mail- countybenefits@stancounty.com or Fax- 567-4367
Employee ID	Daytime Phone	Date of Birth	Medical Plan Coverage <input type="checkbox"/> Single <input type="checkbox"/> Employee + Dependents

Employee HSA Contributions	
I authorize to deduct from my paycheck the following pre-tax amount for contributions to my Health Savings Account with Wells Fargo.	
<p align="center"><u>GENERAL RULES</u></p> <p>Deductions are semi-monthly, 24 total per calendar year available</p> <p align="center"><u>TOTAL ANNUAL ALLOWED</u></p> <p>2015 Single Maximum Allowed: \$3,350.00 * Employer contributes \$1200 annually</p> <p>2015 Family Maximum Allowed: \$6,650.00 * Employer contributes \$2000 annually</p> <p><input type="checkbox"/> *You are 55 or older and are allowed to add an additional \$1,000.00 as a catchup contribution to your HSA.</p> <p>Important: If you have previously contributed to your HSA via payroll deduction or directly to your account during the current plan year, you need to track your annual contributions to ensure you do not exceed the annual maximum allowed.</p>	<p align="center">Annual Maximum <u>EMPLOYEE</u> Contribution</p> <p>\$2,150 Single ((\$3,350 - \$1,200 employer = \$2,150)</p> <p>\$4,650 Family ((\$6,650 - \$2000 employer = \$4,650)</p> <hr/> <p align="center"><u>SELECT DEDUCTION AMOUNT</u></p> <p>Per Paycheck Deduction: \$ _____ How much do you want to be deducted per paycheck twice a month?</p> <p>Paycheck Start Date: _____ Indicate what paycheck you want the deduction to start.</p>

Employee Signature	Date of request:

Please scan and email completed form to countybenefits@stancounty.com or fax to 567-4367.