



OFFICE USE ONLY	
Annual Pledge:	
Current YTD Balance:	
Entered by:	
Date:	

## Health Savings Account – 2020 Payroll Deduction Contribution Form

Start, stop, or change contributions to your HSA through semi-monthly payroll deductions **OR** make a One-time Contribution

Employee's Information		
Last Name	First Name	Employee ID
Department	Daytime Phone	Medical Plan Coverage <input type="checkbox"/> Single <input type="checkbox"/> Employee + Dependents
General Rules		
<p><b>NOTE:</b> Contribution limits are specific to your circumstance, it is recommended that you contact your Tax Advisor to verify what your contribution limits are.</p> <p style="text-align: center;"><u>Total Annual Contribution Allowed</u></p> <p>2020 <b>Single</b> Maximum Contribution Allowed: \$3,550.00*      2020 <b>Family</b> Maximum Contribution Allowed: \$7,100.00*  Employer contributes \$1,250.00 annually                                      Employer contributes \$2,100.00 annually</p> <p style="text-align: center;">*For <u>age 55 or over</u>, an additional \$1,000.00 catchup contribution is available</p> <p><b>Important:</b> 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>		
Employee HSA Contribution Elections		
<b><u>ANNUAL MAXIMUM EMPLOYEE CONTRIBUTION</u></b>		
<input type="checkbox"/> <b>\$2,300</b> Single (\$3,550 - \$1,250 employer = \$2,300) <input type="checkbox"/> <b>\$5,000</b> Family (\$7,100 - \$2,100 employer = \$5,000)		
<input type="checkbox"/> I am 55 or older and am allowed an additional \$1,000 as a catchup contribution. Date of Birth: _____		
<b><u>SELECT DEDUCTION AMOUNT AND START DATE</u></b>		
Deductions are semi-monthly (2 paychecks per month or 24 total per calendar year)		Paycheck Start Date: _____ Indicate what paycheck you want the deduction to start.
Per Paycheck Deduction: \$ _____	Number of Paychecks: _____	
Is this a final contribution using accrual cash-out due to separation from service? Yes _____ No _____		
If yes, will you be participating in the High Deductible Health Plan for the remainder of the current calendar year? Yes _____ No _____		
Authorization and Signature		
I authorize the deduction from my salary on a per paycheck basis, by the amount designated above as a pre-tax contribution to my Health Savings Account with Optum Bank.		
I understand funds that are deducted from my pay and that are <u>not used for eligible health care expenses incurred after my HSA account was established</u> will be <b>taxable</b> in accordance with IRS regulations, and it is solely my responsibility to report these funds to the IRS.		
Employee Signature: (Wet signature required)	Date of request:	

Scan and email completed form to [countybenefits@stancounty.com](mailto:countybenefits@stancounty.com) or fax to 209-525-5779.