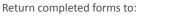
Employee HSA payroll deduction form





•		ТМ
pany name:		
il address:		
nnual employer contribution in	formation	
Self-only	Family	Other (optional)
Self-Offity	ranniy	Other (optional)
or mid-year enrollees, contact your HR departm	ent for your pro-rated employer election amo	ount.
otes		

HSA contribution limits and contribution calculator

2018 annual HSA contributions			
Coverage type	Total annual contribution*	Per month	
Self-only	\$3,450	\$287.50	
Family	\$6,900	\$575.00	

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

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

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

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

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/mo	from my (weekly/bi-weekly/monthly) payroll and apply the funds to my HealthEquity HSA.				
Signature	Date				

HealthEquity.com 866.346.5800