

Employee Health Savings Account Payroll Deduction Authorization Form

Use this form to withhold money from your semi-monthly paycheck and deposit it into your ActWISE health savings account (HSA) on a pre-tax basis. **You must be enrolled in High Deductible Health Plan (HDHP) before you can start a payroll deduction.**

I wish to: ☐ Begin a deduction ☐ Stop my deduction

Effective date _____

Section 1: Employee Information

Name (Last, First, Middle initial)	Employee ID Number
Phone	E-mail

Section 2: Calculate Your Maximum HSA Contribution

Use the worksheet below to determine how much you can contribute to your HSA in 2020.

Individual			Family		
A	Maximum contribution in your HSA for 2020:	\$3,550	A	Maximum contribution in your HSA for 2020:	\$7,100
B	Are you age 55 or older? If NO, write \$0. If YES, write \$1,000.		B	Are you age 55 or older? If NO, write \$0. If YES, write \$1,000.	
C	How much your employer will contribute in 2020*:		C	How much your employer will contribute in 2020*:	
D	A + B - C = <small>This is the most you can contribute in 2020.</small>		D	A + B - C = <small>This is the most you can contribute in 2020.</small>	

*Individual will receive \$250/yr and Family will receive \$500/yr if you are an active employee enrolled all 12 months. Please check with your insurance representative if you have questions.

Section 3: Calculate Your Per-paycheck HSA Contribution

Continue the worksheet to determine how much you will contribute to your HSA per paycheck.

Individual			Family		
Total from D			Total from D		
E	Number of paychecks you will receive in 2020 (24 or 12):		E	Number of paychecks you will receive in 2020 (24 or 12):	
F	D ÷ E = This is the most you can contribute per paycheck.		F	D ÷ E = This is the most you can contribute per paycheck.	
Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than F):			Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than F):		

If your contributions exceed the amount in box D, you risk paying IRS tax penalties.

Section 4: Employee's Signature Required

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.

Employee's signature

Date
