

# Employee Health Savings Account Payroll Deduction Authorization Form

Use this form to withhold money from your semi-monthly paycheck and deposit it into your Anthem 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 2025.			
Individual		Family	
A	Maximum contribution in your HSA for 2025:		
B	Are you age 55 or older? If NO, write \$0. If YES, write \$1,000.		
C	How much your employer will contribute in 2025*:		
D	A + B - C = <small>This is the most you can contribute in 2025.</small>		
A	Maximum contribution in your HSA for 2025:		
B	Are you age 55 or older? If NO, write \$0. If YES, write \$1,000.		
C	How much your employer will contribute in 2025*:		
D	A + B - C = <small>This is the most you can contribute in 2025.</small>		

\*Individual will receive \$500/yr and Family will receive \$1,000/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 2025 (24 or 12):	24	24
F	D ÷ E = <small>This is the most you can contribute per paycheck.</small>		
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

\_\_\_\_\_

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