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 2027.

	Individual			Family	
A	Maximum contribution in your HSA for 2027:	$4,500	A	Maximum contribution in your HSA for 2027:	$9,000
B	Are you age 55 or older? If NO, write $0. If YES, write $1,000.	$0	B	Are you age 55 or older? If NO, write $0. If YES, write $1,000.	$0
C	How much your employer will contribute in 2027*:	-$500	C	How much your employer will contribute in 2027*:	-$1,000
D	A + B - C = This is the most you can contribute in *2027*.	$4,000	D	A + B - C = This is the most you can contribute in *2027*.	$8,000

*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	$4,000		Total from D	$8,000
E	Number of paychecks you will receive in 2027 (24 or 12):	24	E	Number of paychecks you will receive in 2027 (24 or 12):	24
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):	
G			G		

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 _____