



Employee Authorization for Payroll Deduction to Health Savings Account

Return this form to AD 165 or e-mail completed form to hrservicecenter@memphis.edu. Keep a copy for your records.

You must be enrolled in a consumer-driven health plan (CDHP) with a HSA before you can start a payroll deduction.

I wish to:

☐ Begin a deduction ☐ Change my deduction ☐ Stop my deduction Effective date _____

Your payroll office can confirm the effective date.

Section 1: Employee Information

Name _____
(Last, First, Middle initial)
Mailing address _____
City/State/ZIP _____

SSN or employee ID _____
Work phone number _____
Agency name _____

Section 2: Calculate Your Maximum HSA Contribution

Use the worksheet below to determine how much you can contribute to your HSA in 2021.

	Select your enrollment status	
	Individual HSA	Family HSA
A. Maximum amount that can be put in your HSA for 2021	\$3,600	\$7,200
B. Are you age 55 or older? No, write \$0. Yes, write \$1,000		
C. How much your employer will contribute in 2021		
D. A + B - C = <i>The most you can contribute in 2021</i>		

If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a midyear change, be sure to include any amounts you have already contributed in 2020.

Section 3: Calculate Your Per-Paycheck HSA Contribution

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

Individual HSA	Family HSA
Total from D. \$ _____	Total from D. \$ _____
E. Number of paychecks you will receive in 2021 _____	E. Number of paychecks you will receive in 2021 _____
F. D ÷ E = <i>This is the most you can contribute per paycheck</i> \$ _____	F. D ÷ E = <i>This is the most you can contribute per paycheck</i> \$ _____
Amount you elect to contribute to your HSA per paycheck <i>Can be any amount up to or less than F</i> \$ _____	Amount you elect to contribute to your HSA per paycheck <i>Can be any amount up to or less than F</i> \$ _____

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.

This request replaces any previous payroll deduction requests for my HSA.

Employee's signature _____ Date _____

HR Office Use

Employee's annual contribution	Number of paychecks remaining for 2021	Employee's contribution per paycheck
\$ _____	_____	\$ _____