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| --- | --- |
|  | 2018  Peronal contribution  Health Savings acccount (hsa) payroll deduction election form |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_

HSA Account Type:

Single

Family

Personal contribution amount twice a month: $\_\_\_\_\_\_\_\_\_\_\_\_ \*

Maximum contribution allowed by the IRS for single coverage is $3,450 / Family $6,900 in 2018. An additional $1,000 is allowed for employees over 55 years of age.

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (disregard if we have this info)

Bank Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a Checking Account  or Savings Account?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Your Signature (Name) Date

\*24 paychecks per year

It is employee’s responsibility to monitor company+personal HSA contribution to abide by IRS limits.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2018 Company Contribution** | **Twice a Month Paychecks** | | | |
| If employee is enrolled in: | EE | EE+SP | EE+CH | FAMILY |
| HDHP Plan 2 $2000 | $52.08 | $57.29 | $57.29 | $62.50 |
| HDHP Plan 3 $3000 | $62.50 | $72.92 | $72.92 | $83.33 |
| HSA Non-Centare | $41.67 | $41.67 | $41.67 | $41.67 |