## **Employee HSA payroll deduction form**

	ns to:						
Company name:							
Attn:							
ax:							
mail address:				<u> </u>			
				<del></del>			
Annual emplo	yer contrib	ution info	rmation				
Self-only			Family		Other (optional)		
Sen omy			10	·····,	Cont. (Optional)		
·	es, contact your l	HR departmer	nt for your pro-rated	employer election amou	nt.		
Notes							
	an limita a						
HSA contributi	on limits ai	na contri	bution calculat	.or			
2019 annual HSA contributions				2020 annual HSA contributions			
					Total annual contribution* Per month		Dor month
Coverage type Self-only	\$3,500		\$291.67	Coverage type Self-only	\$3,550		\$295.83
Family	·		\$583.33	Family		\$7,100 \$591.67	
		.,000/year		*Catch-up contribution (age	e 55+): addit	ional \$1,000/year	
*Catch-up contribution (a	ge 55+): additional \$1			Catch up contribution (age	,	Total eligible amount	
*Catch-up contribution (a			Total annual em	ployer contribution	,	Total eligible	amount
		- (MINUS)	Total annual em		=	Total eligible	amount
	ntribution	- (MINUS)				Total eligible Per-pay period ma	
Total annual co	ntribution	/	Enter number of p	ployer contribution			
Total annual co	ntribution	(MINUS) / (DIVIDED)	Enter number of p	pployer contribution  pay periods remaining	=		
Total annual co	amount	/ (DIVIDED)	Enter number of print the year from	polyer contribution  pay periods remaining form submittal date	=	Per-pay period ma	ax withholding
Total annual co  Total eligible  Eligibility and contrib (HDHP). If you're cove	amount  ution limits to your ered as of December 1	/ (DIVIDED)  bur health sav	Enter number of print the year from in the year from ings account (HSA) are considered an eligib	paper contribution  pay periods remaining form submittal date  re determined by the effection individual for the entire	= = ective dat	Per-pay period made of your high-deducting you're not required to	ax withholding ble health plan o pro-rate your
Total annual co  Total eligible  Eligibility and contrib (HDHP). If you're covecontributions. If you	amount  ution limits to your ered as of Decembers to be an el	/ (DIVIDED)  bur health sav hber 1, you're igible individu	Enter number of print the year from ings account (HSA) and considered an eligibual during the next ca	pployer contribution  pay periods remaining form submittal date  re determined by the effective states and the states are determined by the effective states are determined by	= = ective dat	Per-pay period made of your high-deducting you're not required to	ax withholding ble health plan o pro-rate your
Total annual co  Total eligible  Eligibility and contrib (HDHP). If you're covecontributions. If you	amount  ution limits to your ered as of Decembers to be an el	/ (DIVIDED)  bur health sav hber 1, you're igible individu	Enter number of print the year from ings account (HSA) and considered an eligibual during the next ca	paper contribution  pay periods remaining form submittal date  re determined by the effection individual for the entire	= = ective dat	Per-pay period made of your high-deducting you're not required to	ax withholding ble health plan o pro-rate your
Total annual co  Total eligible  Eligibility and contrib (HDHP). If you're covecontributions. If you	amount  ution limits to your ered as of Decembers to be an el	/ (DIVIDED)  bur health sav hber 1, you're igible individu	Enter number of print the year from ings account (HSA) and considered an eligibual during the next ca	paper contribution  pay periods remaining form submittal date  re determined by the effection individual for the entire	= = ective dat	Per-pay period made of your high-deducting you're not required to	ax withholding ble health plan o pro-rate your
Total annual co  Total eligible  Eligibility and contrib (HDHP). If you're cove contributions. If you excess contribution a	amount  ution limits to your ered as of Decembers to be an elind subject to a possible of the control of the co	/ (DIVIDED)  our health save wher 1, you're igible individue ignalty and in	Enter number of print the year from in the year from ings account (HSA) and considered an eligibual during the next cacome tax.	paper contribution  pay periods remaining form submittal date  re determined by the effection individual for the entire	= = ective dat	Per-pay period made of your high-deducting you're not required to	ax withholding ble health plan o pro-rate your
Total annual co  Total eligible  Eligibility and contrib (HDHP). If you're cove contributions. If you excess contribution a	amount  ution limits to your ered as of Decembers to be an elind subject to a possible of the control of the co	/ (DIVIDED)  our health save wher 1, you're igible individue ignalty and in	Enter number of print the year from in the year from ings account (HSA) and considered an eligibual during the next cacome tax.	paper contribution  pay periods remaining form submittal date  re determined by the efficient individual for the entirellendar year, any funding	= ective dat e year an over the	Per-pay period made of your high-deducting you're not required to	ax withholding ble health plan o pro-rate your
Total annual co  Total eligible  Eligibility and contrib (HDHP). If you're cove contributions. If you excess contribution a	amount  ution limits to your ered as of Decembers to be an elind subject to a possible of the control of the co	/ (DIVIDED)  our health save wher 1, you're igible individue ignalty and in	Enter number of print the year from in the year from ings account (HSA) and considered an eligibual during the next cacome tax.	paper contribution  pay periods remaining form submittal date  re determined by the effection individual for the entire	= ective dat e year an over the	Per-pay period made of your high-deducting you're not required to	ax withholding ble health plan o pro-rate your
Total annual co  Total eligible  Eligibility and contrib (HDHP). If you're covic contributions. If you're excess contribution a  Employee info  Employee name	amount  ution limits to your ered as of Decenteese to be an elend subject to a promotion and subject t	/ (DIVIDED)  Dur health save the figure individual to the least th	Enter number of print the year from in the year from ings account (HSA) and considered an eligibual during the next cacome tax.	paper contribution  pay periods remaining form submittal date  re determined by the efficient individual for the entirellendar year, any funding	= ective date year an over the	Per-pay period made of your high-deducting you're not required to prorated amount is co	ax withholding ble health plan o pro-rate your
Total annual co  Total eligible  Eligibility and contrib (HDHP). If you're cove	amount  ution limits to your ered as of Decenteese to be an elend subject to a promotion and subject t	/ (DIVIDED)  Dur health save the figure individual to the least th	Enter number of print the year from in the year from ings account (HSA) and considered an eligibual during the next cacome tax.	paper contribution  pay periods remaining form submittal date  re determined by the efficient individual for the entirellendar year, any funding	= ective date year an over the	Per-pay period made of your high-deducting you're not required to prorated amount is co	ax withholding ble health plan o pro-rate your