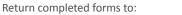
## **Employee HSA payroll deduction form**





•		TIM
Company name:		
Attn:		
Fax:		
Email address:		
Annual employer contribution in	formation	
Self-only	Family	Other (optional

## **HSA** contribution limits and contribution calculator

For mid-year enrollees, contact your HR department for your pro-rated employer election amount.

2019 annual HSA contributions			
Coverage type	Total annual contribution*	Per month	
Self-only	\$3,500	\$291.67	
Family	\$7,000	\$583.33	

\*Catch-up contribution (age 55+): additional \$1,000/year

2020 annual HSA contributions			
Coverage type	Total annual contribution*	Per month	
Self-only	\$3,550	\$295.83	
Family	\$7,100	\$591.67	

 $^*$ Catch-up contribution (age 55+): additional \$1,000/year

Total annual contribution	- (MINUS)	Total annual employer contribution	=	Total eligible amount
Total eligible amount	/ (DIVIDED)	Enter number of pay periods remaining in the year from form submittal date	=	Per-pay period max withholding

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact HealthEquity Member Services at 866.346.5800.

Employee information and authorization				
Employee name	Last 4 of SSN or employee ID			
Please withhold \$ from my (weekly/bi-weekly	from my (weekly/bi-weekly/monthly) payroll and apply the funds to my HealthEquity HSA.			
Signature	Date			

HealthEquity.com 866.346.5800