

Employee HSA payroll deduction form



Return completed forms to:

Company name: Saranac Community Schools

Attn: Doreen Gould

Fax: Please scan & email or send interoffice to Doreen @ ICISD

Email address: goulddor@scs-staff.org

Annual employer contribution information		
Self-only	Family	Other (optional)
\$0.00	\$0.00	\$0.00

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

Notes

2017 annual HSA contributions			2018 annual HSA contributions		
Coverage type	Total annual contribution*	Per month	Coverage type	Total annual contribution*	Per month
Self-only	\$3,400	\$283.33	Self-only	\$3,450	\$287.50
Family	\$6,750	\$562.50	Family	\$6,900	\$575.00

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

Total annual contribution		Total annual employer contribution	=	Total eligible amount
2018 Self-Only \$3,450	(MINUS)			\$ 3,450.00
Total eligible amount	/	Enter number of pay periods remaining in the year from form submittal date	=	Per-pay period max withholding
\$ 3,450.00	(DIVIDED)	24		\$ 143.75

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 <u>bi-weekly</u> payroll and apply the funds to my HealthEquity HSA.	
Signature	Date