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)

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

Notes

HSA contribution limits and contribution calculator

2018 annual HSA contributions		
Coverage type	Total annual contribution*	Per month
Self-only	$3,450	$287.50
Family	$6,900	$575.00

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

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

Total annual contribution	- (MINUS)	Total annual employer contribution	=	Total eligible amount
2019 Self-Only $3,500				3500
Total eligible amount	**/ (DIVIDED)**	**Enter number of pay periods remaining in the year from form submittal date**	**=**	**Per-pay period max withholding**
3500		1		3500

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/~~monthly~~) payroll and apply the funds to my HealthEquity HSA.

Signature	Date