

HSA Enrollment and Contribution Form

See page 3 of enrollment packet for online enrollment instructions.

Upon completion of online enrollment, submit contribution form along with the following information to Ruth Ann Fisher:

Date online enrollment completed: _____

Confirmation #: _____

Greenfield-Central Community School Corporation HEALTH SAVINGS ACCOUNT (HSA) EMPLOYEE CONTRIBUTION FORM

I wish to:

Begin a new
deduction

Change my
deduction

Stop my
deduction

IRS Maximum for 2015 - Employee Only = \$3350

IRS Maximum for 2015- Family = \$6650

Exception to the above maximums: Employees age 55 and over may make an additional catch-up contribution of up to \$1000.

Employee's Total HSA Contribution Election

Employee Name:		
SSN/DOB:	/	
Calculate your per-paycheck contribution to your HSA	Family HSA	Individual HSA
Your elected annual contribution for 2015	\$ _____	\$ _____
Divide your annual contribution by the number of pay periods left in the year	/	/
Your per-paycheck contribution	\$ _____	\$ _____
Per pay-check contribution to your HSA	(circle one) FAMILY	INDIVIDUAL
I elect to contribute \$ _____ per paycheck to my health savings account (HSA). This request replaces any previous payroll deduction requests for my HSA.		

By signing this form I am requesting that payroll deductions be started or changed as shown above. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.

Employee Signature (required)

Date

***You must be enrolled in a consumer driven health plan (CDHP) and established an HSA account with The HSA Authority before you can start a payroll deduction.**

*****HSA contribution will begin 1st pay possible after receipt of form*****

questions may be directed to Ruth Ann Fisher, Treasurer Greenfield-Central CSC at 462-4434