

## **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 2019 - Employee Only = \$3500**

**IRS Maximum for 2018 - Family = \$7000**

*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

<b>Employee Name:</b>		
<b>SSN/DOB:</b>	/	
<b>Calculate your per-paycheck contribution to your HSA</b>	<b>Family HSA</b>	<b>Individual HSA</b>
Your elected annual contribution for 2019	\$ _____	\$ _____
Divide your annual contribution by the number of pay periods left in the year	/	/
Your per-paycheck contribution	\$ _____	\$ _____
<b>Per pay-check contribution to your HSA</b>	(circle one)	<b>FAMILY      INDIVIDUAL</b>
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 High Deductible Health Plan (HDHP) and establish 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\*\*\***