



HSA Payroll Deduction Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Banner ID: _____ Date of Birth: _____

I elect a per pay contribution of \$_____ to be deducted and contributed to my Health Savings Account.

The table below shows examples of the amount you would need to contribute each payroll period in order to reach various annual contribution amounts.

***Contributions Limits:** Your annual HSA contribution cannot exceed the statutory IRS contribution maximums. Currently, these limits are \$3,600.00 for single coverage and \$7,200.00 for family. These limits include any institutional contributions. If you are age 55 or older, you can make additional “catch-up” contributions of up to \$1,000.

See Department of Treasury website for more details <http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>

By signing this form, I authorize my employer to deduct the elected amount from my pay on each pay date. I hereby consent that all personal information and selections made are correct.

Signature: _____ Date: _____

Please return your completed form to Payroll, Rodman Hall 131. If you have questions, please contact Human Resources at 216-397-1726.

DISCLAIMER: HSAs are personal health savings vehicles rather than group employee benefits. Although your employer has agreed to forward contributions through its payroll system to U.S. Bank, it has not specifically endorsed U.S. Bank or any other HSA provider. You are not restricted from moving funds to another HSA, but your employer is not required to forward payroll contributions to another HSA provider. With respect to HSAs offered through U.S. Bank, employers may not impose conditions on the use of HSA funds, make or influence any investment decisions with respect to funds contributed to an HSA, or receive any payment or compensation in connection with an HSA.