

Employee HSA Payroll Deduction Form

Return completed forms to:



Company Name: _____

Attn: _____

Fax: _____

Email Address: _____

Employer Contribution Information

Self-Only	Family	Other (optional)

Contribution is funded Bi-Annually

Notes: _____

HSA Contribution Limits and Contribution Calculator

2012 Annual HSA Contributions		
Coverage Type	Total Annual Contribution*	Per Month
Self-Only	\$3,100	\$258.33
Family	\$6,250	\$520.83

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

2013 Annual HSA Contributions		
Coverage Type	Total Annual Contribution*	Per Month
Self-Only	\$3,250	\$270.83
Family	\$6,450	\$537.50

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

Total Annual Contribution 2013 Self-Only \$3,250	- (MINUS)	Employer Contribution _____	=	Total Eligible Amount \$3,250.00
Total Eligible Amount \$3,250.00	/ (DIVIDED)	Enter number of pay periods remaining in the year from form submittal date 26	=	Per-Pay Period Max Withholding \$125.00

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	SSN or Employee ID
Please withhold _____ from my (Weekly/Bi-Weekly/Monthly) payroll and apply the funds to my HealthEquity HSA.	
Signature	Date