

BRIDGMAN PUBLIC SCHOOLS

Employee Authorization for Payroll Deduction to Health Savings Plan (HSA)

This form is for employees who want to have money withheld from their payroll checks by Bridgman Public Schools and deposited into their HSA.

I wish to:

Begin a deduction
 Change my deduction
 Stop my deduction
 Effective Date: _____

Section 1: Employee Information

Name: _____

Mailing Address: _____

City/State/ZIP Code: _____

Section 2: Calculate Your Per-Paycheck Contribution to Your HSA

	FAMILY HSA	INDIVIDUAL HSA
How much your employer will contribute for 2017	\$2,600	\$1,300
The most you can contribute for 2017*	\$4,150	\$2,100
The most the IRS will allow deposited into your HSA for 2017 (employer + employee contributions)	\$6,750	\$3,400
Write in the total contribution you want withheld from your pay for 2017. Note: You risk paying IRS tax penalties if you exceed the allowed annual contribution. Be sure to consider any amounts you have already contributed if this is a mid-year change.	\$ _____ (cannot exceed \$4,150)	\$ _____ (cannot exceed \$2,100)

* If you are age 55 or older, you can make an additional "catchup" annual contribution of \$1,000.

Section 3: Per-Paycheck Contribution to Your HSA

I elect to contribute \$ _____ per paycheck to my health savings account. This request replaces any previous payroll deduction requests for my HSA.

Section 4: Employee's Signature Required

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. 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's signature Date

Benefits Office Use

Employee's annual contribution \$ _____	Number of paychecks left for 2017 _____	Employee's contribution per paycheck \$ _____ (Amount in Section 3 must match)
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Return this form to Hether McIntyre in the Business Office. Keep a copy for your records.