

# HEALTH SAVINGS ACCOUNT PAYROLL DEDUCTION FORM

- Establish Payroll Deduction for First Time
- Change Payroll Deduction Amount
- Stop Payroll Deduction

## Personal Information (please print)

Employee Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
Department: \_\_\_\_\_ Phone #: \_\_\_\_\_  
DOB: \_\_\_\_\_

The IRS has established annual limits that can be contributed to a Health Savings Account (HSA). For 2018, you may contribute \$3,450 Employee Only and \$6,850 Employee + Spouse/Child(ren)/Family, less the employer contribution to your HSA.

Catch up contributions are allowed for individual's age 55 (or who turn age 55 during the calendar year) and older, but not eligible for Medicare. Catch up contributions are limited to a maximum of \$1,000 for 2018. If you elect the HSA plan after January 1, 2018, and elect to contribute up to the maximum the IRS allows, you must remain enrolled in the HSA Medical plan for twelve months.

- I am age 55 or older and would like to contribute an additional \$1,000 for the 2018 plan year.

## Payroll Deduction

Based on your estimates, elect the amount you wish to contribute to your **Health Savings Account** per pay period.

Pay Period Deduction Amount \$ \_\_\_\_\_

Effective Pay Period Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Authorization

I authorize the pre-tax reduction of my salary on a per paycheck basis, by the amount designated above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form to [benefits@slu.edu](mailto:benefits@slu.edu) or fax to (314) 977-1785.

