Employee HSA Payroll Deduction Form

2023 Annual Contribution Limits

Single Maximum Allowed	$3,850	Family Maximum Allowed	$7,750

- Catch-up contribution (55+) is $1,000

WCSD will contribute $80 a month and match employee contributions of $20 per month, if employee contributes at least $20 per month. Example: $80 (Employer Contribution) + $20 (Employee Contribution) + $20 (Employer match contribution) = $120 deposit into your HSA account

☐ Yes, I authorize EMI to share my claims information with HealthEquity for the purpose of simplifying the provider payment process from my HSA bank account. For additional disclosures and information, view the HealthEquity terms and conditions at http://healthequity.com/legal.aspx terms and conditions of the Health Savings account will be mailed with your HealthEquity HSA Visa Card.

☐ No, do not share my enrollment or claims information with HealthEquity; I'm not eligible to contribute to an HSA or I will open one myself.

☐ How much would you like to contribute to you HSA each month? ☐

(Not sure how much you can contribute to your HSA? Use the information above) Please be aware that if you would like WCSD to match your contribution of $20.00 you must contribute at least $20.00 per month.

☐ Waive Contributions. I do not wish to make payroll contributions to my HSA

Note – If you are currently enrolled in the general purpose FSA plan, and you have eligible carryover amounts ($500 maximum), any eligible carryover amounts will be automatically transitioned into an HSA-compatible (limited purpose) FSA. By signing this form, I authorize my employer to reduce my pay on a per pay period basis as indicated above. I am aware that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for contributions to my HSA.

Name: ________________________Social Security Number: ___________________________________

Signature ______________________________ Date __________________

Month/Year you would like contribution to start: ____

Your eligibility to contribute to an HSA is determined by the effective date of your HDHP coverage. Your annual contribution depends on your HDHP coverage. For 2007 and forward, if you are covered on December 1, you are treated as an eligible individual for the entire year and do not need to prorate contributions based on number of months enrolled. However – if you cease to be an eligible individual during the next calendar year, the excess over the prorated contribution is included in income and subject to a 20 percent additional tax. The amount you can contribute is not determined by the date you establish your account.

This form is for employer internal use only and should not be sent to your health plan or HSA administrator

Return Completed Forms to: Washington County School District
Attn: Tammara Robinson, Benefits Coordinator
Fax: (435) 673-3216 Email: tammara.robinson@washk12.org