

# Employee HSA payroll deduction form



Return completed forms to:

Company name: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

## Annual employer contribution information

Self-only	Family	Other (optional)

For mid-year enrollees, contact your HR department for your pro-rated employer election amount.

Notes

## HSA contribution limits and contribution calculator

2023 annual HSA contributions			2024 annual HSA contributions		
Coverage type	Total annual contribution*	Per month	Coverage type	Total annual contribution*	Per month
Self-only	\$3,850	\$320.83	Self-only	\$4,150	\$345.83
Family	\$7,750	\$645.83	Family	\$8,300	\$691.66

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

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<b>Total annual contribution</b>	-	<b>Total annual employer contribution</b>	=	<b>Total eligible amount</b>
2024 Family \$8,300 + \$1,000 catch	(MINUS)	<input type="text"/>		9,300
<b>Total eligible amount</b>	/	<b>Enter number of pay periods remaining in the year from form submittal date</b>	=	<b>Per-pay period max withholding</b>
9,300	(DIVIDED)	1		9,300.00

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	Last 4 of SSN or employee ID
Please withhold \$ _____ from my (weekly/bi-weekly/monthly) payroll and apply the funds to my HealthEquity HSA.	
Signature	Date