

2019 Health Savings Account (HSA)

Salary Deduction Authorization Form

**Annual Contributions to your HSA account are limited to the below:**

* Single: $3,500
* Two Person or family: $7,000
* 55 years of age or older: Additional $1,000 to above limits

ENROLLMENT

Total 2019 Annual Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_

Per Pay Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_ (26 pays)

This will continue until annual limit is reached or payroll has been instructed to stop the deduction.

**If you need to make a one-time change, please complete below:**

Date to start payroll deduction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date to stop payroll deduction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount per pay $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Equity is the administrator of the HSA plan. You may access your account information by calling 866-346-5800 or [www.healthequity.com](http://www.healthequity.com)

PLEASE RETURN COMPLETED FORM TO PAYROLL