

# Employee HSA payroll deduction form



**HealthEquity**

FY20

Return completed forms to:

Company name: Acton Boxborough Regional School District

Attn: Jodi Phelan

Fax: 978-264-3331

Email address: jphelan@abschools.org

## Annual employer contribution information

| Self-only | Family  | Other (optional) |
|-----------|---------|------------------|
| \$750     | \$1,500 |                  |

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

Notes

## HSA contribution limits and contribution calculator

| 2018 annual HSA contributions |                            |           |
|-------------------------------|----------------------------|-----------|
| Coverage type                 | Total annual contribution* | Per month |
| Self-only                     | \$3,450                    | \$287.50  |
| Family                        | \$6,900                    | \$575.00  |

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

| 2019 annual HSA contributions |                            |           |
|-------------------------------|----------------------------|-----------|
| Coverage type                 | Total annual contribution* | Per month |
| Self-only                     | \$3,500                    | \$291.67  |
| Family                        | \$7,000                    | \$583.33  |

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

|                                  |           |   |   |                                       |
|----------------------------------|-----------|---|---|---------------------------------------|
| <b>Total annual contribution</b> | -         | <b>Total annual employer contribution</b>   | = | <b>Total eligible amount</b>          |
| Other (Type in amount)           | (MINUS)   | \$750 for ind/\$1,500 for family  |   |                                       |
| <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> |
|                                  | (DIVIDED) | 20 for 10 mo empl/24 for 12 mo empl   |   |                                       |

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                         |