

# EMPLOYEE HEALTH SAVINGS ACCOUNT (HSA) PAYROLL DEDUCTION FORM (2020)

PLAN YEAR RUNS JAN 1, 2020 THROUGH DEC 31, 2020

## Employer Information

**HARTLAND CONSOLIDATED SCHOOLS**

### You can enroll in a HSA if:

- Your health plan's deductible must be at least \$1,400 for Single or \$2,800 for family in the same calendar year
- You are not enrolled in a Health Flex Spending Account (FSA) in the same calendar year
- You are not enrolled in Medicare in the same calendar year

Please mark appropriate box:

**OPEN ENROLLMENT**

Effective January 1, 2020

**NEW ELECTION**

Received after Open Enrollment, the deduction will be effective on the next available pay date based on when payroll receives your request

**CHANGE ELECTION**

Will be effective on the next available pay date based on when payroll receives your request

### 2020 Annual HSA Contributions Maximum Info.

Coverage Type	Total Annual Contribution Max	
Single	\$3,550	~ Catch-up contribution (age 55+): additional \$1000/year
2 Person/Full Family	\$7,100	

Per pay amount	20 deductions for 2020 (Or less if you choose) Taken each pay No deductions taken in June, July & August	Annual amount (per pay amount-times number of deductions=annual amt)
\$		\$

I authorize the payroll department to deduct my election amount as stated above. I understand that such reductions will continue on the above deduction schedule until this agreement is amended or terminated.

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 is subject to a penalty and income tax. For further information or to review eligibility, please contact HealthEquity Member Services at 1-866-346-5800.

## Employee Information and Authorization

Employee name (please print)

Employee ID (can be found on your eVoucher)

Employee Signature

Date signed

For further general HSA Info:

Health Equity  
866-346-5800

<https://www.healthequity.com>

**Return completed form to:**

Maggie DeLauder

[maggiedelauder@hartlandschools.us](mailto:maggiedelauder@hartlandschools.us)