

Employee HSA payroll deduction form



Return completed forms to:

Company name: Berrien Springs Public Schools

Attn: Morgan Paustian and/or Jennifer Thies

Fax: (269) 471-2590

Email address: mpaustian@homeoftheshamrocks.org

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																													
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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