



2017 Health Savings Account (HSA) Contribution Options Form

Purpose: Use this form to make changes to your contributions to your HSA. This may be a one-time contribution or a change to your bi-weekly contribution amounts.

Maximum HSA Contribution for 2017: EE: \$3,400 Family: \$6,750

1. Personal Information:

Name: _____

2. Regular HSA Contribution Type (choose only one):

- a) Per Pay Period \$ _____ per pay period for the remainder of the plan year
- b) Annual Amount \$ _____ to be deducted throughout the plan year
- c) Accelerated Contribution: \$ _____ for _____ pay periods

(Deductions will stop after the indicated number of pay periods)

3. Catch-Up Contribution:

Maximum of \$1,000 annually for employees 55 or older during the plan year.

- Annual Amount up to \$1000 annual maximum \$ _____ to be deducted throughout the plan year.

4. Cancel Contributions. I wish to discontinue payroll contributions to my HSA

5. Signature

By signing this form I authorize my employer to reduce my pay on a per pay period basis as indicated above under the Section 125 Cafeteria Plan. I am aware that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for contributions to my HSA. This authorization replaces any previous authorization I have made.

Employee Signature: _____

Date: _____

HR Use

Date Received: _____ By: _____

Date Entered in UP: _____ By: _____

Date Distributed to Payroll: _____ By: _____