



## 2021 Health Savings Account (HSA) Contribution Options & Salary Reduction Agreement

**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 2021: EE: \$3,600    Family: \$7,200

### 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: \_\_\_\_\_

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#### HR Use

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Date Entered in UP: \_\_\_\_\_ By: \_\_\_\_\_

Date Distributed to Payroll: \_\_\_\_\_ By: \_\_\_\_\_