

# Oak Ridge Schools

## Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to have your employer withhold money from your paychecks and deposit it into your health savings account (HSA) on a pre-tax basis. **You must be enrolled in a consumer-driven health plan (CDHP) with a HSA before you can start a payroll deduction.**

I wish to: <input type="checkbox"/> Begin a deduction <input type="checkbox"/> Change my deduction <input type="checkbox"/> Stop my deduction    Effective date _____ <div style="text-align: right;"><i>Your payroll office can confirm the effective date.</i></div>		
Section 1: Employee Information		
Name _____ <i>(Last, First, Middle initial)</i> Mailing address _____ City/State/ZIP _____	SSN or employee ID _____ Work phone number _____ Agency name _____	
Section 2: Calculate Your Maximum HSA Contribution <i>Use the worksheet below to determine how much you can contribute to your HSA in 2017.</i>		
	Select your enrollment status	
	<b>Individual HSA</b>	<b>Family HSA</b>
A. Maximum amount that can be put in your HSA for 2017	\$3,400	\$6,750
B. Are you age 55 or older? No, write \$0. Yes, write \$1,000		
C. How much your employer will contribute in 2017		
D. $A + B - C =$ <i>The <b>most</b> you can contribute in 2017</i>		
If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a midyear change, be sure to include any amounts you have already contributed in 2017.		
Section 3: Calculate Your Per-Paycheck HSA Contribution <i>Continue the worksheet to determine how much you will contribute to your HSA per paycheck.</i>		
<b>Individual HSA</b>	<b>Family HSA</b>	
Total from D.                    \$ _____	Total from D.                    \$ _____	
E. Number of paychecks you will receive in 2017 _____	E. Number of paychecks you will receive in 2017 _____	
F. $D \div E =$ <i>This is the <b>most</b> you can contribute per paycheck</i> \$ _____	F. $D \div E =$ <i>This is the <b>most</b> you can contribute per paycheck</i> \$ _____	
Amount you elect to contribute to your HSA per paycheck <i>Can be any amount up to or less than F</i> \$ _____	Amount you elect to contribute to your HSA per paycheck <i>Can be any amount up to or less than F</i> \$ _____	
Employee's Signature <i>Required</i>		
By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount. <b>This request replaces any previous payroll deduction requests for my HSA.</b>		
Employee's signature	Date	
Benefits Office Use		
Employee's annual contribution	Number of paychecks remaining for 2017	Employee's contribution per paycheck <i>(amount in Section 3 must must)</i>
\$ _____	\$ _____	\$ _____

**Return this form to the payroll office. Keep a copy for your records.**