



2020 School Employee Authorization for Payroll Deduction to Health Savings Account



Use this form to have your SEBB organization withhold money from your paychecks and deposit it into your health savings account (HSA) on a pretax basis. Type or print clearly in black ink.

Example: **J O H N**

Check with your payroll or benefits office before submitting this form; not all SEBB organizations can arrange for payroll deductions. You must be enrolled in a high-deductible health plan (HDHP) with an HSA before you can start a payroll deduction (go to healthequity.com/sebb for eligibility and other information.) Fill out section 3 if you are contributing to an individual HSA. Fill out section 4 if you are contributing to a family HSA.

1

Options

I want to:

- Begin a deduction
- Change my deduction
- Stop my deduction

Effective date (mm/dd/yyyy)

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! Your payroll office can confirm the effective date.

2

Employee information

Social Security number

- -

Last name

First name

Middle initial

Mailing address

Mailing address line 2

City

State

ZIP/Postal Code

Work phone number

- -

Agency name

3

Individual maximum HSA contributions

Calculate your maximum HSA contribution

Use the worksheet below to determine how much you can contribute to your individual HSA in 2020.

A	Maximum amount you can put in your HSA for 2020:	\$3,550
B	Are you age 55 or older?	<input type="checkbox"/> Yes \$1,000 <input type="checkbox"/> No \$0
C	How much your employer will put in your HSA in 2020:	\$375
D	Will you qualify to receive the SmartHealth wellness incentive in January 2020?	<input type="checkbox"/> Yes \$50 <input type="checkbox"/> No \$0
	Sum of A + B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Minus sum of C + D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E	Total (What you can contribute in 2020)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Individual HSA contribution per-paycheck

Use this section to determine how much you will contribute to your individual HSA per paycheck.

F	Number of paychecks you will receive in 2020:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
G	$E \div F$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> This is the most you can contribute per paycheck.
	Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than G):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

! If your contributions exceed the amount in E, you risk paying IRS tax penalties. If you are submitting a mid-year change to increase your contribution amount, be sure to include any amounts you have already contributed in 2020.

4**Family maximum HSA contribution****Calculate your maximum HSA contribution**

Use the worksheet below to determine how much you can contribute to your family HSA in 2020.

H	Maximum amount you can put in your HSA for 2020:	\$7,100
I	Are you age 55 or older?	<input type="checkbox"/> Yes \$1,000 <input type="checkbox"/> No \$0
J	How much your employer will put in your HSA in 2020:	\$750
K	Will you qualify to receive the SmartHealth wellness incentive in January 2020?	<input type="checkbox"/> Yes \$50 <input type="checkbox"/> No \$0
	Sum of H + I	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Minus sum of J + K	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
L	Total (What you can contribute in 2020)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Individual HSA contribution per-paycheck

Use this section to determine how much you will contribute to your individual HSA per paycheck.

M	Number of paychecks you will receive in 2020:	<input type="text"/> <input type="text"/>
N	$L \div M$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> This is the most you can contribute per paycheck.
	Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than N):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

! If your contributions exceed the amount in **L**, you risk paying IRS tax penalties. If you are submitting a mid-year change to increase your contribution amount, be sure to include any amounts you have already contributed in 2020.

5**Employee's signature**

By signing this form, I am requesting that payroll deductions start or change 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.

This request replaces any previous payroll deduction requests for my HSA.

School employee's signature

Date

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! Return this form to your payroll or benefits office. Keep a copy for your records.

HCA is committed to providing equal access to our services. If you need an accommodation or require documents in another format or language, please call 1-800-200-1004 (TRS: 711).

6**Benefits office use**

School employee's annual contribution

Number of paychecks remaining for 2020

School employee's contribution per paycheck (Amount in section 3 or 4 must match)