

# Health Savings Account Payroll Deduction Form



Employee Name		Employee A#		
Address	City	State	Zip Code	Home Phone
Email Address			Work Phone	

- New Payroll Deduction     
  Replace Existing Deduction     
  Cancel Payroll Deduction

## CONTRIBUTION AMOUNTS

I wish my contributions to begin*:	1st of the month	Month: _____	Year: _____
*Form must be received ten days prior to the 1st payroll deduction.			
Each pay period I wish to contribute:			\$ _____

## ANNUAL LIMITS

IRS Annual Limits	Single Coverage	Family Coverage
Calendar Year 2009	\$3,000	\$5,950
<b>Maximum Catch-Up Contributions*:</b>		
Calendar Year 2009	\$1000	

\*Maximum Catch-Up Contributions: Review the Catch-Up Contributions requirements with Human Resources to determine if you are eligible to contribute. One per HSA account.

I authorize Utah State University to initiate payroll deductions, and adjusting entries, from my pay check, and to deposit the contribution amount to my health savings account held with HSA Bank. I understand that I may terminate this authorization by completing this form and submitting it to the Human Resource Department ten days prior to the next payroll cycle.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or hand deliver completed form to Human Resources

### Utah State University, Human Resources

8800 Old Main Hill, Logan UT 84322-8800 Phone: (435) 797-1814 ~ Fax: (435) 797-1816

Benefits Dept. Use Only >	Reviewed Date:	Reviewed By:
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