

City of
MAUMEE

Authorization Agreement for Payroll Deduction: Health Savings Account

Use this form to indicate the amount of your payroll contributions to be placed in your Health Savings Account (HSA).

Name _____ SS Number _____

Your Health Savings Account belongs to you and is your financial asset even if you change employers or health plans. Your contributions to the health savings account will be made pre-tax through payroll deductions.

Please indicate the type of contribution you wish to make:

I am making a(n) New Recurring, Change Recurring, or One-Time Contribution. (Select only one)

My Contribution is for Self or Family. (Select only one)

I would like to begin contributing the following amount to my HSA through pre-tax payroll deductions:

\$ _____ one lump sum or \$ _____ per pay (24 pays).

I understand that the elected amount will be deducted from my pay unless I make changes.

Health Savings Account Number: _____

Routing Number: _____

Name(s) on Account: _____

How to Calculate Your Maximum HSA Contribution

	Individual HSA	Family HSA
A. Maximum amount that can be put in your HSA for 2024.	\$4,150	\$8,300
B. Are you 55 or older? No, write \$0. Yes, write \$1,000 in the appropriate box to the right.		
C. How much your employer will contribute in 2024?	\$1,500	\$3,000
D. A + B - C = The most you can contribute in 2024.		

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 2024.

I agree to the above payroll deduction request and will submit this form to my Employer for processing.

- I authorize my employer to reduce my pay before taxes on a "per pay period" basis as indicated above.
- I understand my payroll contribution election is for one HSA plan year and that I can add, change, or revoke my HSA contribution at will in accordance with the Plan's HSA rules.
- I understand that my election contributions and changes must comply with federal regulations and the Internal Revenue Code (IRC) rules.
- I understand that the date of my payroll may differ from the date the funds are actually deposited and are available for use.
- I certify that I am eligible to make HSA contributions and I understand my Employer will rely on this certification in making the contributions to my HSA and for appropriate tax withholding and reporting.
- I understand it is my responsibility to watch the deductions on my paycheck to ensure this change has taken place.

Signature _____

Print Name _____ Date: _____