

PROVISO TOWNSHIP HIGH SCHOOLS DISTRICT 209

Health Savings Account (HSA) – 2018 Payroll Deduction Contribution Form

Use this form to start, stop or change contributions to your HSA through semi-monthly payroll deductions.

Employee's Information		Submit Form to	
Last Name	First Name	Original forms to District Business Office – ATTN: Benefits Coordinator	
Social Security Number			
Date of Birth			
Address:			
City, State, ZIP			
Medical Plan Coverage (please circle one) →	Employee Only	Employee/Spouse Or Employee/Child(ren)	Employee/Family
Employee HSA Contributions			
<p>I authorize my employer to deduct the Health Savings Account (HSA) contributions identified below on a pre-tax basis beginning January, 2018. The funds are eligible to be deposited into my Health Savings Account.</p>			
<p style="text-align: center;"><u>GENERAL RULES</u></p> <p>Deductions are semi-monthly. 24 total per calendar year available.</p> <p style="text-align: center;"><u>TOTAL ANNUAL ALLOWED</u></p> <p>2018 Single Maximum (up from 2017 by \$50): \$3,450 **</p> <p>Employer contributes \$1,500 annually</p> <p>2018 Employee/Spouse – Employee/Child(ren) Maximum (up from 2017 by \$150): \$6,900 **</p> <p>Employer contributes \$3,000 annually</p> <p>2018 Family Maximum (up from 2017 by \$150): \$6,900**</p> <p>Employer contributes \$4,000 annually</p> <p>**Note: Employer contributions to your HSA count toward the annual limit.</p>		<p style="text-align: center;">Annual Maximum EMPLOYEE Contribution</p> <p style="text-align: center;">\$1,950 Single (\$3,450 - \$1,500 employer = \$1,950)</p> <p style="text-align: center;">\$3,900 Employee/Spouse – Employee/Child(ren) (\$6,850 - \$3,000 employer = \$2,950)</p> <p style="text-align: center;">\$2,900 Family (\$6,850 - \$4,000 employer = \$2,850)</p>	
<p style="text-align: center;"><u>DISCONTINUE DEDUCTIONS</u> <i>Check here on the right</i></p> <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> </div>		<p style="text-align: center;"><u>DEDUCTION AMOUNT</u></p> <p>Per paycheck: \$ _____</p> <p>How much do you want to be deducted per paycheck twice a month?</p>	
<p style="text-align: center;"><u>Employee Signature</u></p>		<p style="text-align: center;"><u>First American Bank Account Number</u></p>	
<p style="text-align: center;"><u>Date of request</u></p>		<p style="text-align: center;"><u>Please discontinue any further deductions from my payroll. I choose not to CONTRIBUTE further into my Health Savings Account.</u></p>	