

****COMPLETE ONLY IF YOU HAVE ELECTED THE HIGH DEDUCTIBLE HEALTH PLAN****

Authorization for Health Savings Account (HSA) Change Form

Please remember that initial requests, account changes or cancellations must be received by the Payroll Office at least 10 days before a pay date in order to be processed.

This form enables you to elect a Federal “pre-tax” payroll deduction into your Health Savings Account (HSA) for those enrolled in the Qualified High Deductible Health Plan (QHDHP).

There are contribution limits that are set each calendar year by tax law, check with Human Resources annually.

Complete below:

$\$$ _____	X 26 Pays	= $\$$ _____
<i>Amount per Check</i>	<i># of Pays</i>	<i>Amount per Year</i>

Employee PRINTED Name: _____

Employee Signature: _____ **Date:** _____

NOTE: *If you are enrolled in Medicare Part A and/or B, you cannot contribute to an HSA. Additionally, the month you enroll in Medicare (typically the month of your 65th birthday), the College must change your HSA contribution to zero and cannot continue any additional employer contribution.*

Eligible individuals who are 55 or older by the end of the tax year can increase their contribution limit up to \$1,000 a year. This extra amount is the catch-up contribution allowed for HSAs.

****COMPLETE THIS SECTION ONLY IF YOU ARE USING ANOTHER BANK****

If you are using **another bank** for your Health Savings Account, please include the account and routing number below. Contributions will **NOT** be deposited until this portion is completed.

Bank Name

Routing Number

Account Number