

## Canby School District HSA Payroll Deduction Form

|                             |  |                    |  |
|-----------------------------|--|--------------------|--|
| Name                        |  | Employee ID Number |  |
| Address                     |  | Home Phone         |  |
| City, State, Zip            |  | Work Phone         |  |
| Email for HSA company's use |  |                    |  |

I elect the following monthly contribution to my HSA Account beginning on \_\_\_\_\_ to the following HSA vendor: \_\_\_\_\_ (Payroll Date)

| Contribution Per Pay Period                          |  |
|--|--|
| Employee Amount:                                     |  |
| Employer Amount:<br>(computed by payroll department) |  |

The table below shows the annual HSA contribution limits allowed under current tax laws:

|                                      | 2017 Calendar Year<br>Annual Election | 2018 Calendar Year<br>Annual Election |
|--------------------------------------|---------------------------------------|---------------------------------------|
| Individual Limit                     | \$ 3,400                              | \$ 3,450                              |
| Family Limit                         | \$ 6,750                              | \$ 6,600                              |
| Additional Amount Per Age 55+ person | \$ 1,000                              | \$ 1,000                              |

Contributions Limits: These limits include employer contributions AND employee contributions, including salary reductions and direct contributions to all HSAs. Employees are responsible for ensuring that they do not exceed IRS limits on the amount of contributions and are also responsible for paying for any taxes or penalties due on excess contributions to their HSA or disallowed use of funds from their HSA. If you have medical insurance through a spouse which does not qualify for contributions to an HSA, this will make you ineligible for HSA contributions. See Department of Treasury website for more details at [Health Savings Accounts \(HSAs\)](http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx) at <http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>.

By signing this form, I authorize my employer to deduct the elected amount from my pay on each pay date. I hereby consent that all personal information and selections made are correct. I acknowledge that I am responsible for complying with IRS limits and that I will personally be responsible for paying any taxes or penalties due on excess contributions to my HSA or any disallowed use of funds from my HSA.

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

***Please return your completed form to the payroll office***

**DISCLAIMER:** HSAs are personal health savings vehicles rather than group employee benefits. Although your employer has agreed to forward contributions through its payroll system to American Fidelity, HealthEquity, US Bank or direct deposit to your chosen financial institution it has not specifically endorsed any HSA providers. You are not restricted from moving funds to another HSA, but Canby SD is not required to make payroll contributions to HSA providers not on our approved list. With respect to HSAs offered through American Fidelity, HealthEquity, US Bank or direct deposit to your chosen financial institution, employers may not impose conditions on the use of HSA funds, make or influence any investment decisions with respect to funds contributed to an HSA, or receive any payment or compensation in connection with an HSA.