

Employee HSA Contribution Form

Please fill this form out and return it to the HR Director

Name

First: _____ Middle: _____ Last: _____

\$

How much would you like to contribute to your HSA each pay period?

(Not sure how much you can contribute to your HSA? Use the information below.)

Signature _____

Date _____

2017 Annual HSA Contributions

Coverage Type	Maximum Allowed
Single	\$3,400
Family	\$6,750

*Catch-up contribution (age 55 +) is \$1,000

Your eligibility to contribute to an HSA is determined by the effective date of your HDHP coverage. Your annual contribution depends on your HDHP coverage. For 2007 and forward, if you are covered on December 1, you are treated as an eligible individual for the entire year and do not need to prorate contributions based on number of months enrolled. However – if you cease to be an eligible individual during the next calendar year, the excess over the pro rated contribution is included in income and subject to a 10 percent additional tax. The amount you can contribute is not determined by the date you establish your account.

This form is for employer internal use only and should not be sent to your health plan or HSA administrator