

# HEALTH SAVINGS ACCOUNT (HSA)

## Deduction Management Worksheet

### EMPLOYEE INFORMATION

|   |  |
|---|--|
| Employee Name                             |  |
| Employee ID                               |  |
| Social Security Number<br>(Last 4 digits) |  |
| HSA Custodian/Bank Name                   |  |
| HSA Account Number                        |  |

### HSA COVERAGE ELECTION & LIMITS

|                       |  |
|-----------------------|--|
| HSA Coverage Level    | <input type="checkbox"/> Individual / Self-Only<br><input type="checkbox"/> Family |
| Catch-up Contribution | <input type="checkbox"/> Yes (Age 55 or older)<br><input type="checkbox"/> No      |

### DEDUCTION CALCULATION

| Annual Contribution Breakdown                                   |           |
|---|-----------|
| 1. Maximum Allowed Annual Contribution Limit                    | \$        |
| 2. Employer Annual Contribution (if applicable)                 | \$        |
| 3. Maximum Employee Annual Contribution (Line 1 - Line 2)       | \$        |
| 4. Requested Employee Annual Contribution Goal                  | \$        |
| 5. Total Remaining Pay Periods in Calendar Year                 |           |
| <b>6. Per Pay Period HSA Deduction Amount (Line 4 ÷ Line 5)</b> | <b>\$</b> |

### AUTHORIZATION

I hereby authorize my employer to make the pre-tax deductions indicated above from my salary each pay period to fund my Health Savings Account. I understand that I am solely responsible for ensuring my total contributions do not exceed the IRS annual limits, and for any tax consequences resulting from excess contributions.

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Employee Signature

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Date

**PAYROLL DEPARTMENT USE ONLY**

|                                     |  |
|-------------------------------------|--|
| <b>Date Received</b>                |  |
| <b>Effective Payroll Cycle Date</b> |  |
| <b>Processed By (Name)</b>          |  |

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Payroll Administrator Signature

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Date Processed

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Note: Under IRC Section 223, eligibility for HSA contributions is contingent on coverage under a qualifying High Deductible Health Plan (HDHP) and having no other disqualifying non-HDHP coverage. Keep a copy of this completed worksheet for payroll records and tax documentation.