

Red Bluff Joint Union High School District

Health Savings Account (HSA) Payroll Deduction Authorization

What is this form for?

As a RBJUHSD employee you have the option to contribute, on a **pre-tax** basis through **payroll deduction**, to a Health Savings Account (HSA) that is designed to cover qualified medical expenses. You may also choose to contribute on your own to your HSA and take the deduction on your income taxes to the extent appropriate under applicable law. The amount that you elect to contribute will be withheld from your paycheck and paid into the HSA on your behalf. You may change or stop payroll deductions at your discretion during the year by resubmitting this form to the Payroll Department and selecting the option above. Please note you are responsible for opening your own health savings bank account.

Employee Information

Print Full Name: _____

Employee ID# _____ (If available, otherwise use Social Security Number last four digits)

Contribution Information

I authorize the following monthly amount placed into my HSA account by payroll deduction:

\$ _____ per month. Effective: _____ payroll date

Bank Name _____ Routing # _____

HSA Account Number: _____

Signature

As an eligible employee, I acknowledge that I understand the benefits, rights and obligations available to me under the plan and that the above deductions will be made on a pre-tax basis. I certify that I am enrolled in a qualified high deductible health plan with no other medical coverage, nor am I eligible to receive any benefits under a Medical FSA. I understand that in order to avoid tax consequences, it is my responsibility to ensure that claims drawn from my HSA account are eligible medical expenses with substantiated receipts. I also acknowledge that RBJUHSD is not responsible or liable for any transaction, accounting or tax responsibilities that I assume by opening my HSA account.

Employee Signature: _____ Date: _____

See important information on reverse.

Purpose:

The Health Savings Account (HSA) Payroll Deduction form is used to authorize and document employee HSA contributions that will be made via payroll deduction. A general understanding of the following terms may be helpful in completing this form.

Calendar Year Maximum Contributions:

The maximum annual contribution is equal to the pre-defined amount updated by the federal government each year. Roll-over amounts from previous years or another HSA, do not count toward the maximum annual contribution. Your maximum includes all contributions being made to this account. For more information please consult www.irs.gov or your tax advisor.

2019		
Self-Only Coverage	Individual Maximum Contribution	\$3,500.00
Family Coverage	Family Maximum Contribution	\$7,000.00
2020		
Self-Only Coverage	Individual Maximum Contribution	\$3,550.00
Family Coverage	Family Maximum Contribution	\$7,100.00

Calendar Year Catch-up Contributions:

Catch-up contributions are HSA contributions made in addition to any regular HSA contributions. You are eligible to make catch-up contributions if you meet the eligibility requirements for regular contributions and have attained age 55 by the end of the taxable year. If you are 65 and older and not enrolled in Medicare you can contribute to your HSA and continue to make catch-up contributions.

Maximum Catch-Up Amount for Tax Years 2019 & 2020: \$1,000.00