HEALTH SAVINGS ACCOUNT PAYROLL DEDUCTION FORM

CALENDAR YEAR 2017

Use this form to authorize deductions from your payroll check to be automatically contributed to your Health Savings Account with HSA Bank. After completing both Sections 1 and 2, make a copy for your records and return the original form to the **Payroll Department**.

Check one:

_____   Establish Payroll Deduction for First Time

_____   Change Payroll Deduction Amount

_____   Stop Payroll Deduction

1. **Account Holder Information (Please print clearly)**

_____
   Name: Last, First, Middle Initial   Employee Number   HSA Bank Account Number

The IRS has established annual limits that can be contributed to Health Saving Accounts. For calendar year 2017, the IRS limits are $3,400 for single coverage and $6,750 for family coverage. The catch-up provision for participants age 55 and older is $1,000 for 2017 per account, not per participant. IRS rules state that contribution limits must generally be prorated by the number of months you are eligible to participate in an HSA. However, an IRS Special Exception: Last-month rule may apply. For more information please see IRS Publication 969 and/or consult a tax advisor.

Contributions are based on Simsbury Public School's payroll deductions of 20 deductions per school year and may be changed once per year. Please note that the total amount contributed between your contribution and the employer contribution cannot exceed the limits above. Simsbury Public School will be contributing $1,000 for single coverage and $2,000 for family coverage for calendar year 2017.

2. **PAYROLL DEDUCTION**

   Based on your estimates, elect the amount you wish to contribute to your Health Savings Account per pay period. There are 20 payroll deductions periods from January through December, 2017.

   Per Pay Period Amount (20 deductions) $_____

Please read, sign and date this form:

I authorize the reduction of my salary on a per paycheck basis, by the amount designated above.   I understand that all information provided here is intended as a convenient source of tax information. This information is general in nature, is not complete and may not apply to my specific situation. Before relying on this information, I understand I should consult my own tax advisor regarding my tax needs. Note: Simsbury Public Schools makes no warranties and is not responsible for your use of this information or for any errors or inaccuracies resulting from your use.

Signature_____Date_____