Health Savings Account (HSA) Payroll Deduction Form

Employees who wish to have monies withheld from their pay and deposited into a Health Savings Account (HSA) on a pre-tax basis must complete this form and be enrolled in the high-deductible plan with HSA before starting the payroll deduction.

EMPLOYEE INFORMATION							
		EIVII	PLOYEE INFORIVIA	ION			
Full Name							
	Last	First	MI	SSN		DOB	
Address:							
7.44.000	Street Address		City, State, Zip				
Home Phone:		Cell Phone:		E-m	aile		
Priorie.		Phone.		E-III	dII.		
Check one:							
New Payroll Deduction Replace Existing Deduction Cancel Payroll Deduction							
ANNUAL MAXIMUM HSA CONTRIBUTION LIMITS PER CALENDAR YEAR							
Calendar Yea			IRS Annual Limit		ach year the IRS s		
2023	Individual Coverage		\$3,850	contribution limits for Health Savings			
	Family Coverage		\$7,750	Accounts (HSAs). Failure to observe these limits may result in tax penalties.			
2024	Individual Coverage		\$4,150				
	Family Coverage		\$8,300				
**Maximum Catch-Up Contributions: Employees age 55 or older may contribute an additional annual catch-up							
contribution of \$1,000.							
PAYROLL DEDUCTION INFORMATION							
Cover	age Type		*Pre-Tax Monthly Contribution			eriod Beginning	
33.0.0		Amount			Date		
Check one:		(*based on maximum limits noted above)		bove)	(enter as 5 th day of month: Mo/Day/Yr)		
Individual Coverage					·	· · · · · ·	
		\$					
☐ Family Coverage							
EMPLOYEE CERTIFICATION AND SIGNATURE							
By signing this form, I authorize Floyd County Public Schools to deduct the elected amount from my pay on a tax-deferred basis							
by signing tins	form, i authorize Floy	d County Public	Schools to deduct the 6	elected ar	nount from my pay o	on a tax-deferred basis	
, , ,	·	•	r Savings Account (HSA).		nount from my pay o	on a tax-deferred basis	
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Phone: (540) 745-9400 ~ Fax: (540) 745-9496