



# Health Savings Account (HSA) Contribution/Change Form

## Section 1 - YOUR INFORMATION

Employee Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Work Location \_\_\_\_\_

## Section 2 – CHOOSE ONE

Contribute to HSA account

Change HSA contribution

## Section 3 - YOUR BEFORE-TAX CONTRIBUTION

You can contribute up to established federal limits which must include any employer contributions. For 2019, combined contributions can total \$3,500.00 for individual coverage and \$7,000.00 for family coverage. HSA deductions are based on the current calendar year.

I elect to contribute \$ \_\_\_\_\_ per pay period to my HSA account. **Effective date** \_\_\_\_\_

I elect a one-time deduction of \$ \_\_\_\_\_ to my HSA account. **Effective date** \_\_\_\_\_

**Note:** Make sure you have taken into account your employer contribution (if any) made on your behalf. Excess contributions can result in tax penalties.

I elect to change my contribution to \$ \_\_\_\_\_ per pay period to my HSA account.

**Effective date** \_\_\_\_\_

I elect to contribute an additional \$ \_\_\_\_\_ towards the \$1,000.00 maximum contribution for age related catch-up. **Note:** An employee who is age 55 or older or who will turn 55 in the current calendar year is eligible to contribute an additional amount above the annual limit. The limit for 2019 is \$1,000.00. **Effective date** \_\_\_\_\_

Employer Contribution only.

I elect to discontinue my contribution from my eligible pay to my HSA account. **Effective date** \_\_\_\_\_

*Payroll deductions will not begin until you provide FTCSC with your Forum Credit Union account information. Forum Credit Union will mail this information directly to your home address via the US Postal Service.*

## Section 4 - EMPLOYEE SIGNATURE

I am enrolled in a qualified High Deductible Health Plan that entitles me to contribute to a HSA. I have read the information relating to the HSA account and authorize the elections indicated above. By signing this form, I authorize FTCSC to reduce my before tax pay by the dollar amount indicated in section 3. I authorize FTCSC to enter this request into the payroll system on my behalf. I understand my election is subject to the IRS limit for the 2019 calendar year (\$3,500.00 for individual and \$7,000.00 for family coverage) and may also be adjusted to comply with federal regulations.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_