

HSA Payroll Deduction Contribution Authorization Form

Only complete this form if you will be contributing to your HSA through payroll deduction.

2019 Calendar Year ONLY

Contribution Criteria

You may deduct your HSA contribution on a pre-tax basis through payroll deduction. Contributions to your health savings account are based on the calendar year, January through December. You need to determine how much to deduct from each paycheck based on the number of pay periods remaining in the year at the time you begin your contribution.

Your total annual contribution must NOT exceed the amount allowable by law. Please consult with your tax advisor to review your specific circumstances and determine your allowable HSA contribution. If you exceed your allowable annual contribution, you may be subject to IRS tax penalty.

Authorization

I authorize Kettering City Schools to deduct \$_____ per pay for _____ pays, beginning no earlier than _____ and to deposit my contributions into my health savings account.

This will be an annual total of \$_____ from my pay for the year of 20_____.

I have single health insurance. **I have family health insurance.**

I have participated in the Wellness Program in 2018 **Yes** **No**

I qualify for an additional \$1,000 pre-taxed contribution because I am or will be 55 years of age this calendar year. My birth year is _____.

I also authorize Kettering City Schools to initiate (if necessary) debit entries and adjustments for any credit entries in error to my HSA. This salary reduction election is subject to the terms and conditions of Kettering City Schools plan (including any restrictions on changing pre-tax elections).

Signature

Social Security Number

Printed Name

Date