

Health Savings Account Payroll Deduction Form

Employee Name		Employee A#		
Address	City	State	Zip Code	Home Phone
Email Address			Work Phone	

CONTRIBUTION AMOUNTS

I wish my contributions to begin*:	1st of the month	Month: _____	Year: _____
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*Form must be received by the 15th of the month prior to the payroll deduction.

Each pay period I wish to contribute:	\$ _____
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ANNUAL LIMITS

IRS Limits	Single Coverage	Family Coverage
Calendar Year 2017	\$3,400	\$6,750
Maximum Catch-Up Contributions*:		
Calendar Year 2017	\$1,000	

*Maximum Catch-Up Contributions are for those over age 55.

I authorize Utah State University to initiate payroll deductions, and adjust entries, from my pay check, and to deposit the contribution amount to my health savings account held with HealthEquity. I understand that I may terminate or change this authorization by completing this form and submitting it to the Human Resource Department by the 15th of the month.

If you are age 65 or over and have Medicare Part A, you are not eligible to contribute to an HSA.

Employee Signature: _____ Date: _____

This form can now be filled and submitted online.

Go to HR.USU.EDU/Forms and click on the link for [Health Savings Account ONLINE Form](#)

Submit completed paper form to USU Human Resources, 8800 Old Main Hill, Logan Utah 84322; Fax: (435) 797-1816; or Hand deliver to Human Resources building on the corner of 1200 East 700 North