



# 2019 H.S.A. DIRECT DEPOSIT AUTHORIZATION

Use this form to withhold money from your paycheck and deposit into your Health Savings Account (HSA) on a pre-tax basis. **You must be enrolled in a qualified High Deductible Health Plan (HDHP) to contribute to a H.S.A. Refer to IRS guidelines for other rules that apply.**

| 1) Complete your employee information (please print) |  |
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| Employee Name: (Last, First, Middle initial)         | Social Security Number: XXX - XX - _____ |
| Employer / Client Name:                              | Your email address or phone #:           |

| 2) I elect to: (check the box that applies)   |   |
|---|---|
| <input type="checkbox"/> Begin my deduction <input type="checkbox"/> Stop my deduction <input type="checkbox"/> Change my deduction   |   |
| <b>2019 Annual IRS Contribution Limits:</b><br>\$3,500 = Individual<br>\$7,000 = Family (employee plus 1 or more)<br>\$1,000 = Individual age 55+ catch-up  | <b>Enter the amount you wish to deposit to your HSA Account:</b><br>\$_____ per pay period<br><b>Total Annual Employee Election: \$</b> _____<br><b>Total Annual Employer Contribution (if applicable):</b><br>\$ _____<br><i>(must be completed by employer before submitting)</i> |
| <p><b>NOTE:</b> Your Total Annual Employee Election along with contributions from other sources, including your employer, may not exceed the Annual Maximum Contribution amount set by the IRS. Refer to your tax advisor or Publication 969 of the Internal Revenue Code for more information regarding HSA rules.</p> |   |

| 3) HSA ACCOUNT - Financial Institution   |
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| <b>Financial Institution:</b> _____<br><b>City, State:</b> _____<br><b>Phone:</b> _____<br><b>9 Digit Routing Number:</b> _____<br><b>Account Number:</b> _____  |
| New routing and/or account number requests require a minimum of two weeks to become effective. Requests to stop HSA Direct Deposit or change the amount will be effective on the first available payroll after receipt by Employers Resource Management. |

| 4) Authorization (Employee signature require) - Return completed & signed form to your payroll contact  |
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| <p>By my signature below, I certify that I have enrolled, or plan to enroll, in a HSA-qualified High Deductible Health Plan (HDHP) and am not covered under any other plan that would disqualify me from opening or contributing to my Health Savings Account. I authorize Employers Resource, as payroll agent, to deduct and if applicable, deposit (credit) to my HSA Account the requested amount per pay period as stated in step 2 above. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed the amount. This authority is to remain in full force and effect until I either revoke or make a new election by submitting a new HSA Direct Deposit Authorization, or upon ceasing of payroll deductions due to an involuntary change in employment status.</p> |
| Employee Signature: _____ Date: _____   |