



2018 Employee Voluntary HSA-Health Savings Account Payroll Deduction Form

Employee Name: (Please Print): _____

For eligible employees enrolled in the HDHP "HSA" Benefit Plan offered by **Hayward Community Schools**, please answer Question 1 and 2 and then choose to deduct or not:

	<u>Single</u>	<u>Single+1</u>	<u>Family</u>
2018 Maximum Annual HSA Contribution Allowed	\$3,450	\$6,900	\$6,900
2018 District Annual Contribution to HSA	\$550	\$1,100	\$1,100
2018 Additional Employee Contribution Allowed**	\$2,900	\$5,800	\$5,800

**Voluntary additional HSA deduction may be less than but cannot exceed this amount

It is the employee's responsibility to establish a per pay amount that does not exceed maximum allowable contributions.

1. I am currently enrolled in the HDHP with Health Partners: (please check one)

____ Single ____ Single+1 ____ Family

2. Do you or anyone in your family have other Health Insurance Coverage (i.e. BadgerCare, Medicare, other) No ____ Yes ____, explain _____

YES, I wish to contribute to the HSA by Payroll Deduction January – December 2018

I am on the 19 pay period cycle and elect the following deduction

\$ _____ Per Pay Period / \$ _____ Annually

I am on the 24 pay period cycle and elect the following deduction

\$ _____ Per Pay Period / \$ _____ Annually

I wish to elect the annual \$1,000 catch up contribution (employees 55+ years old)

(Note: \$1,000 catch up contribution will be divided among each pay period.)

Please note: If you do not receive a pay check or enough gross amount on a pay check to cover the deduction, (non-compensable leave, etc.) a voluntary HSA deduction will NOT be processed for that payroll. Deductions will resume when pay is available to make the deduction. Catch up contributions will not be made for missed payrolls.

NO, I elect not to contribute to the Health Savings Account.

Employee Signature

Date