



HSA PAYROLL DEDUCTION AUTHORIZATION FORM

OPT IN / OPT OUT

Needs to be submitted to the School Board Office
By the 10th of the month for payroll changes

OPT OUT

I understand that by electing to opt out of an HSA bank account, I will not be entitled to any HSA contributions from Prince George County Public Schools.

Employee's Signature: _____ Print Name _____ Date: _____

STOP - Submit this form along with the Anthem HealthCare Enrollment / Change Form to the HR/Finance department

OPT IN

→ FORM COMPLETION INSTRUCTIONS

1. Complete section A.
2. Complete section B.
 - Please indicate whether this is a new contribution (new hire/newly eligible) or if you are making a contribution change.
 - Indicate the pre-tax amount you would like to contribute for the above calendar year; this is in addition to the county contribution to your Health Savings Account.
 - If you are changing your contribution, please indicate the total contribution you want to make for the above calendar year.
3. Sign and date and retain a copy.
4. Submit this form along with the Anthem HealthCare Enrollment / Change Form to the HR/Finance department.

SECTION A: EMPLOYEE IDENTIFICATION

Name (Last, First, MI): _____ Employee Social Security #: _____

Date of Birth: _____ Phone Number: _____

Street Address: _____ City/State/Zip: _____

SECTION B: EMPLOYEE VOLUNTARY CONTRIBUTION AMOUNT to HEALTH SAVINGS ACCOUNT

New contribution Change contribution

Coverage Level (must match health insurance coverage level):

EE only EE + child EE+ children EE+ spouse Family

I elect an employee **MONTHLY** contribution of \$_____ (\$_____ yrly). (Refer to employee maximum contributions – see page 2). Payroll deductions are taken on a pre-tax basis. Any change to an existing payroll deduction will be effective no sooner than the first day of the pay period following receipt of a signed authorization form. This authorization will remain in effect until a new authorization is received or until I cancel my Anthem HSA medical plan.

I affirm that I am enrolled in the High Deductible Health Plan HSA Option being offered with Prince George County Public Schools, have **no other medical coverage (including Tri Care or VA benefits)**, am not currently enrolled in Medicare, cannot be a dependent on someone else's tax return, and am not participating in a Health Care Flexible Spending Account. I am eligible to open and contribute to a health savings account. I hereby request and authorize Prince George County to deduct from my pay the above-identified deduction and to forward it to my health savings account with HAS Bank. I understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as my dependents. I also understand that using my HSA funds for expenses other than those deemed qualified may subject me to tax penalties.

Employee's Signature: _____ Print Name _____ Date: _____

MAXIMUM HSA CONTRIBUTIONS - CALENDAR YEARS 2015 + 2016

Every year the Internal Revenue Service (IRS) sets maximum contribution limits for Health Savings Accounts (HSA's). Failure to observe these limits may result in individual tax penalties. HSA Bank is required to report HSA contribution information to the IRS.

	Coverage Level	MAX HSA CONTRIBUTION CY 2015		MAX HSA CONTRIBUTION CY 2016		TOTAL EMPLOYER CONTRIBUTION 15-16
		UNDER AGE 55	55 AND OVER	UNDER AGE 55	55 AND OVER	
		PGS HSA EMPLOYER CONTRIBUTION	Employee only	\$750	\$750	
<i>Employer Contribution will be paid in 2 installments split equally between the last half of CY 2015 & the first half of CY2016.</i>	Employee + child	\$875	\$875	\$875	\$875	\$1,750
	Employee + children	\$1,000	\$1,000	\$1,000	\$1,000	\$2,000
	Employee + spouse	\$875	\$875	\$875	\$875	\$1,750
	Family	\$1,000	\$1,000	\$1,000	\$1,000	\$2,000
	Coverage Level	CY 2015		CY 2016		
		UNDER AGE 55	55 AND OVER	UNDER AGE 55	55 AND OVER	
EMPLOYEE MAXIMUM PAYROLL CONTRIBUTION TO HSA LESS: PGS EMPLOYER CONTRIBUTION	Employee only	\$2,600	\$3,600	\$1,850	\$3,600	
	Employee + child	\$5,775	\$6,775	\$5,000	\$6,775	
	Employee + children	\$5,650	\$6,650	\$4,750	\$6,650	
	Employee + spouse	\$5,775	\$6,775	\$5,000	\$6,775	
	Family	\$5,650	\$6,650	\$4,750	\$6,650	
	Coverage Level	CY 2015		CY 2016		
		UNDER AGE 55	55 AND OVER	UNDER AGE 55	55 AND OVER	
MAX COMBINED HSA CONTRIBUTION (PGS + EMPLOYEE) PER IRS REGULATIONS	Employee only	\$3,350	\$4,350	\$3,350	\$4,350	
	Employee + child	\$6,650	\$7,650	\$6,750	\$7,750	
	Employee + children	\$6,650	\$7,650	\$6,750	\$7,750	
	Employee + spouse	\$6,650	\$7,650	\$6,750	\$7,750	
	Family	\$6,650	\$7,650	\$6,750	\$7,750	

***A CATCH UP CONTRIBUTION OF \$1,000 CAN BE MADE ANYTIME DURING THE YEAR IN WHICH THE HSA PARTICIPANT TURNS 55.

*** EACH EMPLOYEE'S HSA CONTRIBUTION SCENARIO MAY BE DIFFERENT.
PLEASE CONTACT THE PERSONNEL OFFICE TO FURTHER DISCUSS.