

Health Savings Account Employee Authorization Form for Payroll Deduction

Use this form to start, change or stop payroll deductions for contributions to your Health Savings Account (HSA). You must be enrolled in a consumer-directed health plan (CDHP) with an HSA before you can start a payroll deduction. Money you elect to be withheld from your paycheck will be forwarded to the trustee, HealthEquity, for deposit into your account. (Go to www.healthequity.net/pebb or call 1-877-873-8823 for other information and to access your account).

Section I: Enroll, Change, Cancel Contributions to HSA

Maximum annual contribution limits to HSAs, which include both the **employee and employer** contributions, for 2014 are: \$3,300 for individual coverage; \$6,550 for family coverage*; and an additional \$1000 "catch-up" contribution for individuals 55 or older.

- The state's monthly employer contribution for individual subscribers is \$58.34 per month up to a maximum of \$700 per year; and for subscribers with one or more covered dependents, the employer amount will be \$116.67 per month up to a maximum of \$1,400 per year.
- There is no minimum contribution limit.

*If married and both have CDHP coverage, with one having family coverage, the contribution limit is \$6,550 (plus possible catch-up), and must be split between the spouses.

I elect to contribute \$ _____ per pay period **OR** \$ _____ for a total of the year. *
(Make sure to take into account the employers portion of the contribution.)

This deduction request replaces any previous payroll deduction requests for HSA. Enter only whole dollar amounts, no cents, and no percentages. If stopping your deduction, enter "0". **This election will continue until I submit a Payroll Deduction form to have my deductions stopped. I am required to take action to stop deductions when I cease to participate in a CDHP.*

All changes will be processed during the payroll processing period in which the form is received. Depending on when the form is submitted it may take up to two paychecks before the change is reflected.

Note: *You risk paying IRS tax penalties if you exceed the allowed annual contribution limits identified above. Be sure to consider any amounts your employer, spouse (if applicable) or you may have/will be contributing during the calendar year.*

Section II: Employee Authorization

For the convenience of its employees, Washington State University ("University") permits employees to voluntarily deduct funds on a pre-tax basis from their paychecks to fund their Health Savings Account (HSA). Although the University handles the deduction and transmits the funds to HealthEquity, the third-party administrator, **all** aspects of managing and maintaining the HSA are the responsibility of the employee.

Therefore, my signature below indicates that I agree:

- I am enrolled in a PEBB-sponsored consumer directed health plan (CDHP).
- I am responsible for adhering to the Federally-established HSA contribution limits and funds access rules as summarized in IRS Publication 969, which can be found on the IRS website at www.irs.gov.
- I hereby authorize the University to deduct the amount specified above from each of my paychecks for subsequent transmission to my HSA account held by HealthEquity.
- I understand this deduction will continue for the duration of my employment or until I submit a Payroll Deduction Form to have deductions stopped. I am required to take action to stop deductions when I cease to participate in a CDHP.
- I hereby authorize the University to recover from my HSA account any employee contributions that may be incorrectly contributed to my account due to an error in the determination of my medical insurance eligibility.
- The University or I may terminate this agreement at any time with respect to salary not yet payable.

By signing this form, I am requesting that payroll deduction be established or modified as indicated in section 1 above and agree to the preceding terms. 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 applicable limit(s).

Last Name:	First Name:	Middle:	Date:	Social Security Number */ID No.:
Signature:		Department:		Campus Phone:

For Benefit Office Use, based on what employee elected in Section I:

A) Amount of annual contribution selected: \$ _____	B) Number of paychecks remaining 2014 _____	Employee's contributions per paycheck ("A"/"B" OR pay period election) \$ _____
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**Return this form to: WSU Human Resource Services, PO Box 641014, 139 French Administration, Pullman, WA 99164-1014.
Or submit by fax to 509-335-1259 or emailing hrrs@wsu.edu**

* It is unlawful for WSU to deny to any individual any right, benefit, or privilege provided by law because the individual refuses to disclose his or her social security number except in very limited circumstances. WSU requests the voluntary disclosure of your social security number on this form. If provided, WSU will use your social security number for only the following purposes: To correctly identify you for benefit enrollment.