

Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to start or change payroll deductions for contributions to your health savings account (HSA). You must already be enrolled in a consumer-directed health plan 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. Please complete the entire form. Your employee ID number can be found at Employee Self Service, www.uw.edu/ess.

| 1. Employee Information | |
|---|-----------------------------|
| Name: <i>(Last, First, Middle initial)</i> | 9-digit Employee ID number: |
| Department Name | Campus Box # |
| UW Email | Daytime Phone |
| 2. Declare the Amount to Deduct Per Paycheck to Contribute to Your HSA | |
| <p>Maximum contribution limits to HSAs for 2017 is \$3,400 for individual coverage, \$6,750 for family coverage with an additional “catch-up” contribution of \$1,000 if you are 55 or older. Be sure to include the <i>employer</i> contribution when calculating your overall limit for the year. For individual subscribers, the state’s monthly employer contribution to your HSA account will be \$58.34 per month up to a maximum of \$700.08 per year. For subscribers with one or more covered dependents, will be \$116.67 per month up to a maximum of \$1,400.04 per year.</p> <p>Prorate your contribution according to the number of pay periods remaining in the year in order to stay within the limit. Remember, there are 24 pay periods per year.</p> <p><input type="checkbox"/> I elect to contribute \$_____ from EACH PAYCHECK. This deduction request replaces any previous payroll deduction requests for HSA. <i>Enter only <u>whole</u> dollar amounts, no cents, and no percentages.</i></p> <p><input type="checkbox"/> I elect to stop my HSA deduction—effective the first pay period that begins at least 10 days after this form is received by the Benefits Office.</p> | |
| 3. Employee’s Signature – Required | |
| <p>The University of Washington (“UW”) permits employees to voluntarily deduct pre-tax wages to fund their HSA. While UW processes payroll deductions and transmits HSA funds to HealthEquity, it is the participating employee’s sole responsibility to manage and maintain all aspects of their HSA. Through your signature below, you acknowledge and agree to the following statements:</p> <ul style="list-style-type: none"> • I am responsible for adhering to the Federally-established HSA contribution limits and funds access rules as summarized at www.uw.edu/admin/hr/benefits/insure/fac-staff-lib/meddent/cdhp.html#limits • I am enrolled in a PEBB-sponsored consumer directed health plan (CDHP). • I will take action to stop deductions when I cease to participate in a CDHP. • 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 hereby authorize the UW to deduct the amount specified above from each of my paychecks for subsequent transmission to my HSA account held by HealthEquity. • I hereby authorize the UW 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. • I understand this deduction (or change to my existing deduction) will be effective the first pay period that begins at least 10 days after this form is received by the UW Benefits Office. <p>By signing this form, I request the preceding action in section 2 above and agree to the preceding terms. I understand HSAs have maximum contribution limits per IRS rules and that I may be liable for tax penalties if I exceed the applicable limits.</p> | |
| Employee’s Signature | Date |

Return the original form to the Benefits Office. Keep a copy for your records.

Fax and email attachments cannot be accepted.

UW Benefits Office, Campus Box359556, Seattle, WA 98195-9556