

Employee HSA payroll deduction form



Return completed forms to:

Company name: Lakeview School District

Attn: Jannea Long

Fax: 269-565-2408

Email address: jlong@lakeviewspartans.org

Annual employer contribution information

Self-only	Family	Other (optional)
0	0	0

For mid-year enrollees, contact your HR department for your pro-rated employer election amount.

Notes
Lakeview School District does not contribute towards employee HSA accounts.

HSA contribution limits and contribution calculator

2020 annual HSA contributions		
Coverage type	Total annual contribution*	Per month
Self-only	\$3,550	\$295.83
Family	\$7,100	\$591.67

*Catch-up contribution (age 55+): additional \$1,000/year

2021 annual HSA contributions		
Coverage type	Total annual contribution*	Per month
Self-only	\$3,600	\$300.00
Family	\$7,200	\$600.00

*Catch-up contribution (age 55+): additional \$1,000/year

Total annual contribution 2020 Self-Only \$3,550	- (MINUS)	Total annual employer contribution 0	=	Total eligible amount 3550
Total eligible amount 3550	/ (DIVIDED)	Enter number of pay periods remaining in the year from form submittal date 1	=	Per-pay period max withholding 3,550.00

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact HealthEquity Member Services at 866.346.5800.

Employee information and authorization

Employee name	Last 4 of SSN or employee ID
Please withhold \$ _____ from my (weekly/bi-weekly/monthly) payroll and apply the funds to my HealthEquity HSA.	
Signature	Date