



Employee Authorization for Payroll Deductions to Health Savings Account

I Wish To:

Begin a deduction Change my deduction Stop my deduction One Time Contribution Cash In Hrs. - _____ hrs.

Section 1: Employee Information

Name	Social Security Number:
Mailing Address	Phone Number
City/State/Zip Code	Email Address

Section 2: Calculate your Per-Paycheck Contribution

The most the IRS will allow deposited into your HSA per year (employer + employee) contributions Limits for 2024	Family HSA \$8,300.00	Single HSA \$4,150
Employee's Contribution per Paycheck:		
Number of Paychecks remaining for this year:		
Annual Contribution:		
Contribution Effective Date (Payroll Date):		

Note: You risk paying IRS tax penalties if you exceed the allowed annual contribution. Be sure to consider any amounts you have already contributed if this is a mid-year change.

*If you are age 55 or older, you can make an additional "catchup" annual contribution of \$1,000. For example, if you are age 55 or older, the single annual maximum contribution would be \$5,150 and family would be \$9,300.

Section 3: Financial Institution and Election Amount

Financial Institution:	I elect to contribute \$_____per paycheck to my health savings account. This request replaces any previous payroll deduction requests for my HSA.
Address:	
Account No:	
Bank Routing No:	

Section 4: Employee's Signature

By signing this form, I am requesting that payroll deduction be started or changed. I certify that I have examined this agreement and agree to comply with the terms and conditions of the Plan. I agree to hold Dodge County harmless from any liability to my participation in this plan.

New Hires: I acknowledge that failure to submit this form to HR within 30 days of hire will result in forfeiture of the Dodge County HSA contributions until the form is completed and submitted to Human Resources. Employer contributions will begin with the next payroll processed.

Employee Signature: _____ Date: _____