



2019 Payroll Deduction Authorization for Health Savings Account (HSA)

You have enrolled in an OEBS HSA qualifying plan and are eligible for a HSA payroll deduction.

I wish to:

Begin a deduction Change my deduction Stop my deduction

Effective date _____

Section 1: Eligibility Requirements and Contribution Limits

Before deciding on the amount to be withheld each pay period:

Review HSA Eligibility Requirements:

If you do not meet all of the following eligibility requirement, federal regulations prohibit you from opening an HSA.

- Covered under a qualified high deductible health plan on the first day of the month.
- Not covered by any other health plan, including your spouse's health insurance.
- Not covered by spouse's Medical Flexible Spending Account (FSA).
- Not enrolled in any part of Medicare or Tricare.
- Have not received Veteran's health benefits in the past 90 days.
- Not claimed as a dependent on another person's tax return.

Review the annual contribution limits that fit your insurance coverage (Single or Family):

The 2019 tax year limits are as follows:

- **Single coverage** - \$3,500 including any employer contribution;
- **Family Coverage** (2 or more people on your policy) - \$7,000 including any employer contribution.
- **If you are age 55 or older** at any time during the tax year, add \$1,000 to the numbers above.

Section 2: Contribution Amount

I authorize my employer to deduct (amount) \$_____ per pay period from my paycheck.

Section 3: Employee's Signature/Authorization

Signature _____

Print Name _____

Employee ID _____

Date _____

Return completed form to Human Resources at Lane ESD.