



AUGUSTA UNIVERSITY

HSA Payroll Deduction Form

ACCOUNT HOLDER INFORMATION

Name: _____ Employee ID: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Date of Hire: _____

ELECTION & CONTRIBUTION INFORMATION

Please check the appropriate box below:

I wish to establish a new HSA with US Bank I wish to change my current election

Individual Consumer Choice HSA Coverage

Family Consumer Choice HSA Coverage

My Annual Contribution

My Annual Contribution

I am eligible to contribute an additional \$1,000 per year because I am 55 or older

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Total Annual Individual Contribution for 2017

Total Annual Family Contribution for 2017

Cannot exceed \$3,400 if under 55

Cannot exceed \$6,750 if under 55

Cannot exceed \$4,400 if over 55

Cannot exceed \$7,750 if over 55

I understand that I cannot exceed the maximum annual contribution amounts per healthcare coverage established by the IRS for a Health Savings Account as illustrated above. Changes to my contribution amount can be made by submitting a written request to my employer.

Please forward pre-tax contributions from my paycheck to my Health Savings Account in the following amount: \$ _____ per paycheck.

**The University System of Georgia will provide a monthly match into the account for employees with the Consumer Choice HSA Plan. The maximum annual contribution will be decreased by the match amount listed below.

Match Amounts: Individual - \$375.00

Family - \$750.00

By signing this form, I authorize AU to deduct the elected amount from my pay on each pay date. I hereby consent that all personal information and selections made are correct.

Employee Signature: _____ Date: _____