

## Health Savings Account Employee Authorization Form for Payroll Deduction

Use this form to start, change or stop payroll deductions for contributions to your Health Savings Account (HSA). You must be enrolled in a consumer-directed health plan (CDHP) before you can start a payroll deduction. Money you elect to withhold from your paycheck will be forwarded to the trustee, HealthEquity, for deposit into your account.

Go to [www.healthequity.com/pebb](http://www.healthequity.com/pebb) or call 1-877-873-8823 for other information and to access your account.

Section I: Enroll, Change, Cancel Contributions to HSA					
<p>Maximum annual contribution (MAC) limits to HSAs for 2019 are: \$3,500 for individual coverage; \$7,000 for family coverage; and an additional \$1000 "catch-up" contribution for individuals 55 or older.</p> <ul style="list-style-type: none"> <li>The state's monthly employer contribution for individual subscribers is \$58.34 per month up to a maximum of \$700.08/yr; and for subscribers with one or more covered dependents, \$116.67 per month up to a maximum of \$1,400.04/yr.</li> <li>There is no minimum contribution limit.</li> <li>The maximum the employee is able to contribute is the difference of the MAC <i>minus</i> the employer contribution <i>minus</i> the \$125 SmartHealth Wellness Incentive, if applicable. <i>Ex: \$3500 - \$700.08 - \$125 = \$2674.92 employee contribution.</i></li> <li>If married and both partners have CDHP coverage, with one individual having family coverage, the contribution limit is \$7,000 (plus possible catch-up), and must be split between the spouses.</li> </ul>					
<p><input type="checkbox"/> I elect to contribute \$ _____ per pay period <b>OR</b> \$ _____ total for the year. *</p> <p><b>(Make sure to take into account the employers portion of the contribution and the SmartHealth Wellness Incentive, if applicable.)</b></p> <p><i>*This deduction request replaces any previous payroll deduction requests for HSA. Do not enter percentages. If stopping your deduction, enter "0". This election will continue until I submit a Payroll Deduction form to have my deductions stopped. I am required to take action to stop deductions when I cease to participate in a CDHP.</i></p> <p><i>Depending on when the form is submitted it may take up to two paychecks before the change is reflected.</i></p> <p><b>Note:</b> You risk paying IRS tax penalties if you exceed the allowed annual contribution limits identified above. Be sure to consider any amounts your employer, spouse (if applicable) or you may have/will be contributing during the calendar year.</p>					
Section II: Employee Authorization					
<p>For the convenience of its employees, Washington State University ("University") permits employees to voluntarily deduct funds on a pre-tax basis from their paychecks to fund their Health Savings Account (HSA). Although the University handles the deduction and transmits the funds to HealthEquity, the third-party administrator, <b>ALL</b> aspects of managing and maintaining the HSA are the responsibility of the employee. Therefore, my signature below indicates that I agree:</p> <ul style="list-style-type: none"> <li>I am enrolled in a PEBB-sponsored consumer directed health plan (CDHP).</li> <li>I am responsible for adhering to the Federally-established HSA contribution limits and funds access rules as summarized in IRS Publication 969, which can be found on the IRS website at <a href="http://www.irs.gov">www.irs.gov</a>.</li> <li>I hereby authorize the University to deduct the amount specified above from each of my paychecks for subsequent transmission to my HSA account held by HealthEquity.</li> <li>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 am required to take action to stop deductions when I cease to participate in a CDHP.</li> <li>I hereby authorize the University 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.</li> <li>The University or I may terminate this agreement at any time with respect to salary not yet payable.</li> </ul> <p><i>By signing this form, I am requesting that payroll deduction be established or modified as indicated in section 1 above and agree to the preceding terms. I understand there are IRS rules I must comply with, including the IRS maximum limits I can contribute to my HSA and I may be liable for tax penalties if I exceed the applicable limit(s) or do not comply.</i></p>					
Last Name:		First Name:		Middle:	Date:
Signature:			Department:		Campus Phone:
For Benefit Office Use, based on what employee elected in Section I:					
Effective Date:	Plan _____	<input type="checkbox"/> New Election	# paychecks remaining in 2019:	Contr. per paycheck:	Projected annual contr.:
	<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Change		\$ _____	\$ _____

**Return this form to: WSU Human Resource Services, PO Box 641014, 139 French Administration, Pullman, WA 99164-1014.  
Or submit by fax to 509-335-1259 or emailing [hrrs@wsu.edu](mailto:hrrs@wsu.edu)**

\*\* It is unlawful for WSU to deny to any individual any right, benefit, or privilege provided by law because the individual refuses to disclose his or her social security number except in very limited circumstances. WSU requests the voluntary disclosure of your social security number on this form. If provided, WSU will use your social security number for only the following purposes: To correctly identify you for benefit enrollment.