

## **HSA Payroll Deduction Form**

Name:		
Street Address:		
City:	State:	Zip Code:
Home Phone: ()	Work Phone	e: ()
Banner ID:	Date of Birth:	
I elect a per pay contribution of Account.	of \$ to be deducted	d and contributed to my Health Savings
The table below shows examp to reach various annual contri	-	need to contribute each payroll period in order
maximums. Currently those li	mits are \$3,350.00 for single co contributions. If you are age 5	not exceed the statutory IRS contribution overage and \$6,650.00 for family. These 55 or older, you can make additional "catch-
See the Department of Treasu center/fags/Taxes/Pages/Healt	ry's website for more details w	ww.treasury.gov/resource-

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

Signature:

Date:

Please return your completed form to Payroll, Rodman Hall 131. If you have questions, please contact Human Resources at 216-397-1726.

*DISCLAIMER*: HSAs are personal health savings vehicles rather than group employee benefits. Although your employer has agreed to forward contributions through its payroll system to U.S. Bank, it has not specifically endorsed U.S. Bank or any other HSA provider. You are not restricted from moving funds to another HSA, but your employer is not required to forward payroll contributions to another HSA provider. With respect to HSAs offered through U.S. Bank, employers may not impose conditions on the use of HSA funds, make or influence any investment decisions with respect to funds contributed to an HSA, or receive any payment or compensation in connection with an HSA.