Employee HSA payroll deduction form

HealthEquity®

Return completed forms to:

Company name:_____

Attn:_____

Fax:_____

Email address:_____

Annual employer contribution information

Self-only	Family	Other (optional)

For mid-year enrollees, contact your HR department for your pro-rated employer election amount.

Notes

HSA contribution limits and contribution calculator

2024 annual HSA contributions		
Coverage type	Total annual contribution*	Per month
Self-only	$4,150	$345.83
Family	$8,300	$691.66

*Catch-up contribution (age 55+): additional $1,000/year

2025 annual HSA contributions		
Coverage type	Total annual contribution*	Per month
Self-only	$4,300	$358.33
Family	$8,550	$712.50

*Catch-up contribution (age 55+): additional $1,000/year

Total annual contribution		Total annual employer contribution		Total eligible amount
Other (Type in amount)	- (MINUS)		=	0

Total eligible amount		Enter number of pay periods remaining in the year from form submittal date		Per-pay period max withholding
0	/ (DIVIDED)	1	=	0.00

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact HealthEquity Member Services at 866.346.5800.

Employee information and authorization

Employee name	Last 4 of SSN or employee ID

Please withhold $ _____ from my (weekly/bi-weekly/monthly) payroll and apply the funds to my HealthEquity HSA.

Signature	Date