**TENNESSEE BOARD OF REGENTS**

**Employee Authorization for Payroll Deduction to Health Savings Account**

Use this form to withhold money from your paychecks and deposit it into your health savings account (HSA) on a pre-tax basis. **You must be enrolled in a consumer-driven health plan (CDHP) with a HSA before you can start a payroll deduction.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I wish to:  Begin a deduction  Change my deduction  Stop my deduction Effective date\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Payroll office will confirm the effective date*. | | | | | | |
| Section 1: Employee Information | | | | | | |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*Last, First, Middle initial*)  Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Employee ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Section 2: Calculate Your Maximum HSA Contribution  *Use the worksheet below to determine how much you can contribute to your HSA in 2017.* | | | | | | |
|  | | | | Select your enrollment status | | |
|  | | | | **Individual HSA** | | **Family HSA** |
| A. Maximum amount that can be put in your HSA for 2017 | | | | $3,400 | | $6,750 |
| B. Are you age 55 or older? No, write $0. Yes, write $1,000 | | | |  | |  |
| C. How much your employer will contribute in 2017? | | | |  | |  |
| D. A + B – C =  *The* ***most*** *you can contribute in 2017* | | | |  | |  |
| If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a midyear change, be sure to include any amounts you have already contributed in 2017. | | | | | | |
| Section 3: Calculate Your Per-Paycheck HSA Contribution  *Continue the worksheet to determine how much you will contribute to your HSA per paycheck.* | | | | | | |
| **Individual HSA** | | **Family HSA** | | | | |
| Total from D. $\_\_\_\_\_\_\_\_\_\_ | | Total from D. $\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| E. Number of paychecks you will receive in 2017 \_\_\_\_\_\_\_\_\_\_ | | E. Number of paychecks you will receive in 2017 \_\_\_\_\_\_\_\_ | | | | |
| F. D ÷ E =  *This is the* ***most*** *you can contribute per paycheck* $\_\_\_\_\_\_\_\_\_\_ | | F. D ÷ E =  *This is the* ***most*** *you can contribute per paycheck*  $ \_\_\_\_\_\_\_ | | | | |
| Amount you elect to contribute to  your HSA per paycheck  *Can be any amount up to or less than F* $\_\_\_\_\_\_\_\_\_\_ | | Amount you elect to contribute to  your HSA per paycheck  *Can be any amount up to or less than F* $\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Employee’s Signature *Required* | | | | | | |
| By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.  **This request replaces any previous payroll deduction requests for my HSA.** | | | | | | |
| Employee’s signature | | | Date | | | |
| Benefits Office Use | | | | | | |
| Employee’s annual contribution | Number of paychecks remaining for 2017 | | | | Employee’s contribution per paycheck | |
| $ | $ | | | | $ | |

**Return this form to your personnel, payroll, or benefits office. Keep a copy for your records.**