**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.**