



Health Savings Account (HSA) Enrollment / Change Form



Use this form to request a change to your Health Savings Account (HSA) contribution. The complete form must be submitted to Human Resource Management. Keep a copy for your records.

Section 1: Employee Information			
Full Name: _____		Employee #: _____	
Section 2: Action Request			
<input type="checkbox"/> Start my HSA payroll contributions. (Complete Sections 4 and 5) <input type="checkbox"/> Stop my HSA payroll contributions. (Complete Sections 3, 4 and 5) <input type="checkbox"/> Change my HSA payroll contribution amount. (Complete Sections 3, 4 and 5)			
Section 3: HSA Payroll Deductions			
IRS Contribution Limits for 2019 Calendar Year:	Individual HSA* \$3,550	Family HSA* \$7,100	Over 55 Catch-Up \$1,000
I elect to contribute \$ _____ per pay period to my HSA account. This request replaces any previous payroll deductions for my HSA, if applicable.			
Section 4: Effective Date			
<input type="checkbox"/> Next available pay date* OR Future Pay Day: _____ / _____ / _____			
<small>* Will occur as early as the next pay period available for processing. For new employees, HSA contributions will begin first of month following date of hire.</small>			
Section 5: Acknowledgement & Signature			
<ul style="list-style-type: none"> • I authorize my employer, city of Portsmouth, to reduce my pay before taxes on a per pay basis as indicated above. • It is my responsibility: <ul style="list-style-type: none"> ○ to determine whether I am eligible to make contributions to my HSA; and ○ to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit. I acknowledge that I may be liable for tax penalties if I exceed this amount. • I understand that my election will remain in effect through the end of the benefit year (December 31) or until a contribution change form is submitted to Human Resource Management. • I understand that my changes must be <u>prospective</u> in accordance with Internal Revenue Code (IRC) rules. • I understand that I must re-elect the HSA annually during the open enrollment period. • Although the City processes the deductions and transmits the funds to HealthEquity, the third-party administrator, all aspects of managing and maintaining the HSA, including any fees associated with the account, are the responsibilities of the employee. Ensure contribution elections are taken correctly from your pay and contributed to your account by monitoring HSA account activities on-line at www.myhealthequity.com or your specific member portal. 			
_____		_____	
Signature		Date	
Human Resource Management Use Only			
		First pay period for new HSA deduction: _____	

*These are maximum annual contribution limits and assume you will be an eligible individual for the entire calendar year. If you become eligible to participate in the HSA or enroll in the HSA after January 1, the maximum annual contribution limit must be reduced by the number of months you are not a participant. There is a limited exception to this requirement if you become a participant by December 1 of the calendar year. Additional information may be found in the Internal Revenue Service Publication 969.