



Montgomery County
Public Schools

Health Savings (HSA) New Payroll Deduction and Change Form

I request the following HSA deduction in the amount of: _____ Monthly

Start deduction on: _____
Date

Stop deduction on: _____
Date

OR

I request the following HSA change to be made to my payroll deduction: _____

Change deduction amount:

Old amount: \$ _____ Monthly

New amount: \$ _____ Monthly

Start deduction on: _____
Date

Stop deduction on: _____
Date

Change forms received by the Payroll Processing deadline will be processed with the current month's payroll, forms received after the deadline will be processed with the following month's payroll.

Please read before signing

I understand the eligibility requirements for deposits made to my Health Savings Account (HSA), and state that I qualify to make deposits to this account.

I assume complete responsibility for:

1. Determining my eligibility for an HSA each year I make a contribution
2. Ensuring all contributions made to my account are within the limits set forth by the tax laws
3. Any tax consequences from contributions (including rollover contributions) and distributions

	Total for 2020	Total for 2021
Employee only	\$3,550	\$3,600
Employee plus dependent(s)	\$7,100	\$7,200

Employee Name (Please Print)

Employee ID# OR last four digits of SS#

Signature

Date