Please withhold \$ \_

Signature



Return completed for	Employee HSA payroll deduction form					Health <b>Equity</b>			
neturii completed fori	ms to:								
Company name:									
Attn:									
Fax:									
Email address:									
Annual emplo	yer contrib	ution info	rmation						
Self-only			Family		Other (optional)				
For mid-year enrolle	es, contact your	HR department	t for your pro-rated	employer election amou	nt.				
<b>HSA</b> contribut	ion limits a	nd contrib	ution calculat	tor					
	2020 annual HSA			20		al HSA contributions	D		
Coverage type	Total annual	contribution*	Per month	Coverage type		nnual contribution*	Per month		
	Total annual \$3,			20			Per month \$300.00 \$600.00		
Coverage type Self-only	Total annual \$3, \$7,	contribution* 550 100	Per month \$295.83	Coverage type Self-only	Total a	\$3,600 \$7,200	\$300.00		
Coverage type Self-only Family	Total annual \$3, \$7, age 55+): additional \$:	contribution* 550 100	Per month \$295.83 \$591.67	Coverage type Self-only Family	Total a	\$3,600 \$7,200	\$300.00		
Coverage type Self-only Family *Catch-up contribution (a	Total annual \$3, \$7, age 55+): additional \$:	contribution* 550 100	Per month \$295.83 \$591.67	Coverage type Self-only Family 'Catch-up contribution (ago	Total a	\$3,600 \$7,200 tional \$1,000/year	\$300.00		
Coverage type Self-only Family  *Catch-up contribution (a	Total annual \$3, \$7, age 55+): additional \$2	contribution* 550 100 1,000/year	Per month \$295.83 \$591.67  Total annual em	Coverage type Self-only Family 'Catch-up contribution (ago	Total a	\$3,600 \$7,200 tional \$1,000/year	\$300.00 \$600.00		
Coverage type Self-only Family 'Catch-up contribution (a  Total annual co  Total eligible  Eligibility and contrib (HDHP). If you're cov contributions. If you	Total annual \$3, \$7, age 55+): additional \$: ontribution  amount  oution limits to your rered as of Decent cease to be an eleand subject to a passed and subject to a passed as to be subject	contribution* 550 100 1,000/year  (MINUS)  / (DIVIDED)  our health savinher 1, you're oligible individual penalty and incomplete the control of the control	Per month \$295.83 \$591.67  Total annual em  Enter number of pin the year from  Ings account (HSA) a considered an eligibal during the next calome tax. For further	Coverage type Self-only Family 'Catch-up contribution (ago	Total a	\$3,600 \$7,200  tional \$1,000/year  Total eligible  Per-pay period mate of your high-deducting you're not required to prorated amount is co	\$300.00 \$600.00 \$ax withholding ble health plan to pro-rate your		

\_ from my (weekly/bi-weekly/monthly) payroll and apply the funds to my HealthEquity HSA.