

Health Savings Account — H.S.A.

Use this form to authorize deductions from your paycheck to be automatically contributed to your Health Savings Account. Complete and copy for your records, then return original to the Payroll Department.

ACCOUNT HOLDER INFORMATION

Print Name:	Last,	First,	Middle Initial	Social Security Number
Street Address				Date of Birth
City	State	Zip	Code	

The IRS has established annual limits that can be contributed to the Health Savings Accounts.

Please note that the total amount contributed to your HSA between your contributions and the employer's contributions cannot exceed the IRS limits. The maximum limits can be obtained from the IRS website or from your tax advisor.

For single high deductible coverage (\$2,250), C.E.S. will contribute \$93.75 on the 1st business day of each month. The total C.E.S. contribution to your H.S.A. will be \$1,125.00 or 50% of \$2,250.00 per fiscal year.

For all other high deductible coverage (\$4,500), C.E.S. will contribute \$187.50 on the 1st business day of each month. The total C.E.S. contribution to your H.S.A. will be \$2,250.00 or 50% of \$4,500.00 per fiscal year.

PAYROLL DEDUCTIONS

Academic Year Staff: Elect the amount you wish to contribute (pre-tax) to your Health Savings Account.

Per Pay Period: \$ _____ x 20 Payrolls = \$ _____

Twelve Month Staff: Elect the amount you wish to contribute (pre-tax) to your Health Savings Account.

Per Pay Period: \$ _____ x 24 Payrolls = \$ _____

I authorize the reduction of my salary, per pay period, by the amount designated above.

I understand that funds deducted from my pay for the H.S.A. Account and used for ineligible healthcare expenses will be taxable in accordance with IRS Regulations, and it is solely my responsibility to report these funds to the IRS.

Employee Signature

Date

05/2025