

Muncie Community Schools 2017 HSA Payroll Deduction Form

Your Name: _____

Payroll Deduction. I request that my Employer deduct the following amount from my pay and direct the money into an HSA with the custodian named above.

Per Pay Period \$ _____ This is the amount you would like taken out of each pay check.

Annual Amount
*(not to exceed limit) \$ _____ Multiply per pay period amount by number of pay periods 24 to get annual contribution amount.

****Other/Catch-up** \$ _____ Use for unique situations - please explain.

*Single coverage annual limit for 2017 is \$3,400.00

*Family coverage annual limit for 2017 is \$6,750.00

**Age 55 and older may contribute additional \$1,000 catch-up during the year they turn 55 and every year thereafter.

2017 PAYROLL DATES:

January 5, 20
February 3, 17
March 3, 17
April 5, 20
May 5, 19
June 5, 20, 30
July 20
August 4, 18
September 5, 20
October 5, 20
November 3, 17
December 5, 19

Financial Institution: _____

ABA Routing Number: _____

HSA Account Number: _____

By signing this form, I authorize my employer to deduct the elected amount from my pay on each pay date. I hereby consent that all personal information and selections made are correct.

Employee Signature

Date