



2020 HEALTH SAVINGS ACCOUNT Payroll Deduction Form

- ➔ If you want to make contributions to your HSA in 2020, you **MUST** turn in a new Payroll Deduction Form, even if you contributed in 2019.
- ➔ Return this form to Human Resources – County Courthouse Suite 107

1. Your Name (please type or print) :

2. Your Qualified High Deductible Plan Coverage level: Single Family

3. 2020 Health Savings Account Contribution: \$ _____ per paycheck

Annual contribution limits in 2020:

- An individual can contribute up to \$3,550 in 2020 (\$136.54 per paycheck).
- An individual with family coverage can contribute up to \$7,100 (\$273.08 per paycheck).
- You can contribute an additional \$1,000 if you or your spouse are 55 or over.
- Contribution limits include employer and employee contributions. If you receive seed money from the County in 2020, that amount counts towards your maximum HSA contribution.

There may be tax consequences if HSA contributions exceed the applicable annual limit.

4. Authorization

By signing this application, I represent that:

- 1) I am covered under a high deductible health plan (HDHP) in 2020;
- 2) I am not covered by any other health plan that is not an HDHP;
- 3) I am not enrolled in Medicare;
- 4) I cannot be claimed as a dependent on another person’s tax return. I understand that if my spouse is enrolled in a general-purpose Flexible Spending Account, I am not eligible to contribute to an HSA.
- 5) I understand that my HSA cannot be effective prior to my HDHP coverage date.
- 6) I authorize my employer to deduct the elected amount from my pay on each pay date, starting January 17, 2020. I hereby represent that all personal information and selections made are correct.

YOUR SIGNATURE: _____ DATE SIGNED: _____