

# Individual

## Employee HSA Payroll Deduction Form

**HealthEquity**  
Building Health Savings

Return completed forms to:

Company Name: Town of Douglas

Attn: Treasurer's Office

Fax: 508-476-0097

Email Address: lbriggs@douglassma.org

### Annual Employer Contribution Information

Self-Only	Family	Other (optional)
\$1,000.00	\$2,000.00	

For mid-year enrollees, contact your HR department for your pro-rated employer election amount.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### HSA Contribution Limits and Contribution Calculator

2015 Annual HSA Contributions		
Coverage Type	Total Annual Contribution*	Per Month
Self-Only	\$3,350	\$279.16
Family	\$6,650	\$554.16

\*Catch-up contribution (age 55+): additional \$1,000/year

2016 Annual HSA Contributions		
Coverage Type	Total Annual Contribution*	Per Month
Self-Only	\$3,350	\$279.16
Family	\$6,750	\$562.50

\*Catch-up contribution (age 55+): additional \$1,000/year

<b>Total Annual Contribution</b>	-	<b>Employer Contribution</b>	=	<b>Total Eligible Amount</b>
2016 Self-Only \$3,350	(MINUS)	\$ 1,000.00		\$ 2,350.00
<b>Total Eligible Amount</b>	/	<b>Enter number of pay periods remaining in the year from form submittal date</b>	=	<b>Per-Pay Period Max Withholding</b>
\$ 2,350.00	(DIVIDED)	26		\$ 90.38

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact HealthEquity Member Services at 866.346.5800.

### Employee Information and Authorization

Employee Name	Last 4 of SSN or Employee ID
Please withhold _____ from my (Weekly/Bi-Weekly/Monthly) payroll and apply the funds to my HealthEquity HSA.	
Signature	Date

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# Family

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Annual Employer Contribution Information		
Self-Only	Family	Other (optional)
\$1,000.00	\$2,000.00	

For mid-year enrollees, contact your HR department for your pro-rated employer election amount.

Notes: \_\_\_\_\_

2015 Annual HSA Contributions			2016 Annual HSA Contributions		
Coverage Type	Total Annual Contribution*	Per Month	Coverage Type	Total Annual Contribution*	Per Month
Self-Only	\$3,350	\$279.16	Self-Only	\$3,350	\$279.16
Family	\$6,650	\$554.16	Family	\$6,750	\$562.50

\*Catch-up contribution (age 55+): additional \$1,000/year

<b>Total Annual Contribution</b>	-	<b>Employer Contribution</b>	=	<b>Total Eligible Amount</b>
2016 Family \$6,750	(MINUS)	\$ 2,000.00		\$ 4,750.00
<b>Total Eligible Amount</b>	/	<b>Enter number of pay periods remaining in the year from form submittal date</b>	=	<b>Per-Pay Period Max Withholding</b>
\$ 4,750.00	(DIVIDED)	26		\$ 182.69

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact HealthEquity Member Services at 866.346.5800.

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