



Employee HSA Payroll Deduction Form

Employee Name: _____ Last 4 SSN or Employee ID#: _____

Please withhold _____ from my monthly payroll and apply the funds to my HSA.

2020 HSA Contribution – Kaiser*			2020 HSA Contribution – WHA*			2020 HSA Contribution – Sutter Health Plus*		
<input type="checkbox"/> I elect.			<input type="checkbox"/> I elect.			<input type="checkbox"/> I elect.		
Coverage Type	Total Annual Contribution	Per Month	Coverage Type	Total Annual Contribution	Per Month	Coverage Type	Total Annual Contribution	Per Month
EE Only	\$2,600.00	\$216.67	EE Only	\$1,800.00	\$300.00	EE Only	\$1,500.00	\$125.00
EE + 1	\$2,600.00	\$216.67	EE + 1	\$3,600.00	\$300.00	EE + 1	\$3,000.00	\$250.00
Family	\$5,200.00	\$433.34	Family	\$3,600.00	\$300.00	Family	\$3,000.00	\$250.00

Please note: There is no employer HSA contribution for 2020.

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 prorate 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.

Employees may actually contribute more money into their HSA than just the amount of the deductible. For 2020, employees may contribute up to an IRS maximum of \$3,500 for self only coverage or \$7,000 for family coverage. Employees that are age 55 and older may contribute an additional \$1,000 as an HSA catch-up contribution.

Employee Signature

Date

*These rates are based on a 12-month calendar; rates will change for 10- and 11-month employees.