

**HSA Bank Payroll Deduction Form 2019**

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| Employee Name (Printed) | | Bank Name: | |
| New Account | Deduction Change | | Stop Deduction |
| IRS Maximum Contribution for 2019:   * Single Coverage = $3,500 * Family Coverage = $7,000 * Catch-up Contribution = $1,000 | | Level of Medical Coverage:  Single Employee + Child(ren) Family  Employee + Spouse/Domestic Partner | |
| Eight (8) Digit HSA Bank Account#  HSA Routing # | | Date to Begin Deduction:  Deduction Amount: | |

By signing below, I am authorizing Reilly, Penner & Benton LLP to make payroll deductions in the amount specified above. This amount will be applied as a contribution to my HSA account. I will inform the Human Resources Department in writing when I wish to alter or terminate this authorization. I also agree that it is my sole responsibility to determine if I am eligible to make contributions to an HSA.

This form must be returned to the Human Resources Department at least 10 business days prior to the pay distribution date to process HSA deduction.

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| Employee Signature | Date |