HSA Payroll Deduction Form

This form is for employees who elect to have payroll deductions withheld from their paychecks by Youngstown State University into their health savings account (HSA) on a pre-tax basis. You must be enrolled in the consumer driven health plan (CDHP) before a payroll deduction can start.

Accountholder Information (Employee)

Name: _____   Hire Date: _____

Address: _____

City: _____   State: _____   Zip Code: _____

Marital Status: ☐ Single   ☐ Married   ☐ Divorced   Pay Schedule: ☐ 26 ☐ 24

Election Change

☐ Begin Deduction   ☐ Change Deduction   ☐ Stop Deduction   ☐ Effective Date _____

Consumer Driven Health Plan Coverage Level

CDHP Coverage Level: ☐ Single   ☐ Family   Date of Coverage: _____

Contribution Information

*If you are age 55 or older, you can make an additional "catchup" annual contribution of $1,000.

☐ I elect an annual contribution of $_____for calendar year _____.

☐ I do not elect to receive employer contribution into the Health Savings Account.

Accountholder Authorization

By signing this form, I represent that: 1) I am covered under a high-deductible health plan (HDHP); 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 FSA (a non-HDHP) I am not eligible to contribute to an HSA. I understand that my HSA cannot be effective prior to my HDHP coverage date; 5) I authorize my employer to deduct the elected amount from my pay on each pay date. I hereby agree that all personal information and selections made are correct.

Signature:_____   Date:_____

*Consult your tax advisor, accountant, or attorney about tax benefits applicable to the Health Savings Accounts