



Health Savings Account Payroll Deduction Form

What is this form for?

City of Idaho Falls is offering you the option to contribute to your health savings account (HSA) pre-tax through payroll deduction. You may also contribute on your own through the HSAToday portal and take the deduction on your income taxes to the extent appropriate under applicable law. You can make changes to your HSA Payroll Deduction twice a year. The time frame to designate your 2018 HSA payroll deductions is from August 1 to August 31, 2018 and April 1 to April 30, 2019.

If you wish to make contributions to your HSA through payroll deductions, please complete and return this form to: **City of Idaho Falls Human Resources, 380 Constitution Way, Idaho Falls, ID 83405-0220 by August 31, 2018 at 5:00 p.m. in order to have deductions begin the 2nd pay period in October 2018 or by April 29, 2019 at 5:00 p.m. in order to have deductions begin the 2nd pay period in May 2019.**

Employee Name		Employee ID or Social Security Number		
Address	City	State	Zip	Home Phone
Email Address		Work Phone		

- New Payroll Deduction Replace Existing Deduction Cancel Payroll Deduction

Employer Contribution Information for 2018

City of Idaho Falls will contribute \$750 to an employee's Health Savings Account with HSAToday and DataPath Financial Services, Inc. during the 2nd pay period in October 2018.

Remember that the City of Idaho Falls contributed \$1,000 to employee's Health Savings Accounts the second pay period in February 2019, for those who qualified for Healthy Measures. Please take both of these amounts into consideration for tax purposes. You cannot go over the individual \$3,450 or family \$6,750 max.

Employer Contribution Information for 2019

City of Idaho Falls will contribute \$1,000 to an employee's Health Savings Account with HSAToday and DataPath Financial Services, Inc. during the second pay period in February 2019 if they qualified for Healthy Measures.

HSA Contribution Limits and Contribution Calculator

2018 Annual HSA Contributions		
Coverage Type	Total Annual Contribution*	Per Month
Individual	\$3,450	\$287.50
Family	\$6,900	\$575.00

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



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2018 Annual HSA Contributions		
Coverage Type	Total Annual Contribution*	Per Month
Individual	\$3,450	\$287.50
Family	\$6900	\$575.00

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

Total Annual Contribution Amount Individual \$3,400 or Family \$6,900 _____ Enter Amount	- (Minus)	Employer Contribution _____ Enter Amount	=	Total Eligible Amount _____ Enter Eligible Amount
Total Eligible Amount _____ - Enter Total Eligible Amount	/ (Divided)	Enter number of pay periods for the year _____ _____	=	Per-Pay Period Max Withholding _____

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). The maximum annual contribution is equal to the pre-defined amount updated by the federal government each year to account for inflation. Annual HSA contribution limits are prorated. For example, if your HDHP starts 7/1 (must be covered the 1st day of the month), you can make 6/12th of the total maximum contribution for the year. Your maximum includes all contributions being made to the account. When the City is contributing, please ensure that the total combined contributions do not exceed the maximum. For more information, please consult www.irs.gov or your tax advisor.

Employee Information and Authorization

Employee Name

Last 4 of SSN or Employee ID

Please withhold _____ from my bi-weekly payroll and apply the funds to my HSAToday Account.

I understand the eligibility requirements for contribution to an HSA and state that I qualify to make contributions. I understand that funds deducted from payroll will be deposited after each payroll and I understand it is my responsibility to ensure there are sufficient funds in my account prior to deposits being made. I understand that there will be no reimbursement from the City for insufficient fund charges to my account.

Signature

Date