Employee Health Savings Account (HSA) Payroll Contribution/Deduction Form

Employees enrolling in a Town-sponsored Qualified High Deductible Health Plan (QHDHP) may enroll in a Health Savings Account (HSA) through HealthEquity which can be used to pay for qualified medical expenses per IRS regulations. All employees enrolling in a QHDHP must complete and sign this form.

Employee Name:		**SSN (last 4)**	XXX – XX – __ __ __ __
Pay Frequency:	☐ Weekly (52) ☐ Semi-Monthly (24) ☐ Weekly (38) ☐ Weekly (42)		
High Deductible Plan:	☐ HPHC ☐ Tufts ☐ BC/BS ☐ Fallon Direct ☐ Fallon Select		☐ Individual ☐ Family

Employee Authorization and Certification

By opening a health savings account (HSA) with HealthEquity, you accept the terms of HSA enrollment and the custodial agreement, which can be viewed here: http://resources.healthequity.com/Forms/Agreements/HealthEquity_Custodial_Agreement.pdf.

Upon enrollment, you understand and agree to the following:

- You are covered by a qualified high deductible health plan (QHDHP).
- You are **not** covered by any other non-qualified health coverage, **including Medicare**.
- You are not claimed as a dependent on another individual's tax return.
- HealthEquity must verify your identity in order to open your HSA.
  For further information regarding HSA laws, go to http://www.irs.gov/pub/irs-pdf/p969.pdf.

☐ **Yes**, please enroll me in a Health Savings Account (HSA) through HealthEquity. I certify that I am eligible and that I have read the custodial agreement and agree to the statements above.

☐ **No**, I do not wish to enroll in a Health Savings Account (HSA) through HealthEquity at this time. I understand that I will also not receive Town contributions to the HSA.

Limits – IRS Annual Contribution Limits to HSAs

Employees are responsible for tracking contributions (both employee and employer) made to their HSA toward the Annual Contribution Limit as regulated and set by Federal IRS tax law. Amounts below for Calendar Year 2020 are subject to change per IRS law. **IMPORTANT**: **Both** Employee and Employer contributions count toward the Annual Limits as set forth by IRS:

Individual (CY2020):	$3,550	Age 55+ Catch-up Contribution:	$4,550
Family (CY2020):	$7,100	Age 55+ Catch-up Contribution:	$8,100

Eligibility and contribution limits to your HSA are determined by the effective date of your QHDHP. For further information please contact HealthEquity Member Services at 866.346.5800. The Town is unable to provide you legal, tax, financial, medical or marital advice. Please contact a competent legal, investment or tax professional for personal advice on eligibility, tax treatment, and restrictions.

Contributions - Employer

By enrolling in a QHDHP and HSA, employees are eligible to receive Town contributions that annually equal $1,000 for individual and $2,000 for family plans. The Town contribution will be prorated, paid on a per pay period basis. Prorated payments will begin with the first pay period issued after the effective date of coverage in the amounts as follows:

	QHDHP Deductible	**Town Contribution Annual Total**	**Prorated Town Contribution Per Pay Period**			
			Weekly (52)	*Semi-Monthly (24)*	*Weekly (42)*	*Weekly (38)*
Individual	*$2,000*	**$1,000**	$19.23	$41.67	$23.81	$26.32
Family	*$4,000*	**$2,000**	$38.46	$83.33	$47.62	$52.63

☐ **Yes**, please activate Town contributions to my HealthEquity HSA, effective either the first pay period after the initial effective date of health coverage, or the next possible payroll date for existing enrollees.

☐ **No**, please deactivate Town contributions effective the next possible payroll period.

Contributions - Employee

Employees can contribute an additional amount to their HSA through payroll deductions on a pre-tax basis. Changes can be made throughout the year, up to once per month, either as a change in regular contribution or a one-time lump sum contribution. Completed forms must be received by your HR Department **by Friday at Noon** preceding the payroll date the change is to appear.

Regular Pay Period Contribution Change	Please withhold $_____ per pay period from my payroll issued on ___ ___ ____ and apply the funds to my HealthEquity HSA.
One-Time Lump Sum Contribution	Please withhold a one-time lump sum amount of $ _____ from my payroll on ___ ___ ____ and apply the funds to my HealthEquity HSA. I understand that on the following payroll issued ___ ___ ____ my contribution will revert to the regular amount I've elected to be withheld of $_____ per pay period.

Employee Signature:		**Date:**	