



HSA Employee Contribution/Change Form

NAME: _____

PHONE: _____

BANNER ID: _____

EMAIL: _____

PLEASE NOTE: Maximum allowable contribution rates are based on the calendar year (Jan 1 – Dec 31). Snow College benefits are based on the fiscal year (July 1 – June 30).

2020 Calendar Year Maximum Contribution Amounts: Single \$3,550 Family \$7,100
Maximum contribution includes amounts contributed by Snow College

Single

Couple/Family

<input type="checkbox"/> OPTION #1 ONE TIME CONTRIBUTION \$_____ PAYMENT To be deducted from paycheck: _____ Month Year (SPECIFY AMOUNT)	<input type="checkbox"/> OPTION #2 SPECIFIED NUMBER OF CONTRIBUTIONS \$_____ PAYMENTS (SPECIFY MONTHLY AMOUNT) For _____# of Months Starting on _____ (PLEASE SPECIFY DATE)	<input type="checkbox"/> OPTION #3 ANNUAL CONTRIBUTION DEDUCTED EACH MONTH THRU JUNE 30TH 20__ __ \$_____ PAYMENTS (SPECIFY MONTHLY AMOUNT)
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I hereby authorize the Snow College Payroll Office to automatically deduct as a pre-tax deduction the amount indicated above from my monthly paycheck(s). All deductions will commence with the first payroll after the start of the new fiscal year on July 1st unless otherwise specified.

Date _____ Signature _____

Please return completed form to the HR Department – See back for Contributions Breakdown

HSA Maximum Contribution - Single		
Annual Amount	Monthly Amount	
\$ 794.16	\$ 66.18	Snow College's Contribution
\$ 2755.84	\$ 229.65	Employee's Contribution
\$3550.00		

HSA Maximum Contribution – Couple/Family		
Annual Amount	Monthly Amount	
\$ 1588.32	\$ 132.36	Snow College's Contribution
\$ 5511.68	\$ 459.30	Employee's Contribution
\$ 7100.00		

** Employees 55+ may contribute an additional \$1,000 per year as a "catch up contribution".*

*** Payday is on the last business day of the month. HSA contributions will be posted by the 7th-10th of the following month.*