**Ellington Board of Education**

**Health Savings Account (HSA)**

**20-21 FY Payroll Deduction Form**

**ELLINGTON EDUCATION ASSOCIATION**

Please complete the employee information below and sign this form authorizing ***or*** refusing the **optional pre-tax** payroll deduction. The payroll deduction you authorize will be directly deposited into your Health Savings Account (HSA) during the plan year. **This form must be signed and submitted to the Business Office.**

**Employee Information**:

**Name S.S. # (last 4 digits) Date of Birth**

**Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**School Home Phone #**

**\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Refusal:** I **DO NOT** wish to have any optional pre-tax dollars taken from my bi-weekly pay and deposited into my HSA plan at this time.

\_\_\_\_\_\_\_\_\_\_\_\_\_**Employee Authorization**: I **AUTHORIZE** the following pre-tax dollars to be deducted from my bi-weekly pay and deposited into my HSA account.

**H.S.A. Employee Bi-Weekly Deduction (20 times) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**H.S.A Employee Bi-Weekly Deduction (26 pay Balloon Check\*) $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Deduction per 20-21 School $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\**Total 2020 Contribution Limits of:***

 ***$3,550 Individual***

 ***$7,100 Family Coverage***

 ***Catch-up contribution for those over age 55 is $1,000***

**Employee Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Employee Signature Date**

\*If you opted for the balloon payment, this deduction will be 5x in your last payroll for the year