

**Ellington Board of Education
Health Savings Account (HSA)
2017 Payroll Deduction Form**

ADMINISTRATION

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
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Address

School	Home Phone #
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_____ **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.

Health Savings Account Employee Bi-Weekly Deduction \$ _____

Total Deduction Amount per Plan Year \$ _____

****Total 2017 Contribution Limits of:**
 \$3,400 Individual (minus BOE contribution of \$1,012.50)
 \$6,750 Family Coverage (minus BOE contribution of \$2,025.00)

Employee Name (please print) _____

Employee Signature

Date