

Town of Holden

Employee HSA Payroll Deduction Form

Please return completed form to your employer.

Disclosures of member information to HealthEquity

The integrated HealthEquity solution requires the sharing of enrollment as well as claim information. As a result, it is recommended that sharing this information should be disclosed to the member during the health plan or benefit enrollment process and prior to the information being sent to HealthEquity.

I understand that my enrollment and health information will be shared with HealthEquity for the purpose of administering and coordinating payments under my health savings account.

HSA Eligibility Requirements

There are certain eligibility requirements for making contributions to an HSA.

To be eligible for an HSA, you must meet the following criteria:

- Must be enrolled in a qualified High Deductible Health plan (HDHP)
- Cannot have other health coverage (see [IRS Publication 969](#))
- Cannot be enrolled in any part of Medicare or Medicaid
- Cannot be listed as a dependent on someone else's tax return
- Cannot be enrolled in a Full Scope Health FSA (including through a spouse's plan) or have an FSA balance during the grace period

To calculate your per paycheck contribution, please determine the annual amount you would like to contribute. You cannot contribute more than the [IRS maximums](#). Then divide the number of pay periods into the total annual amount to get a per paycheck amount:

- For bi-weekly payrolls, use 26 pay periods

Please see example below:

Your Per Pay Period Contribution:		
Total Annual Contribution	Divided by Number of Pay Periods	Per Pay Period Withholding
Employee Information and Authorization		
Employee Name:		Last 4 digits of SSN:
Please withhold \$ _____ from my (Weekly, Bi-weekly, Monthly) payroll and apply the funds to my HealthEquity HSA.		
Signature:		Date:

Town of Holden Contribution: _____