

**HEALTH SAVINGS ACCOUNT
CONTRIBUTION ELECTION FORM**

(PLEASE PRINT CLEARLY)

Purpose: This form is only to be used after a CDHP is elected:

- To elect new payroll deduction amounts for HSA contributions _____
- To change payroll deduction amounts for HSA contributions _____

EMPLOYER: OBERLIN COLLEGE

EFFECTIVE DATE OF HSA ELECTION: 1/1/2020

A. EMPLOYEE INFORMATION

Employee T#:	Social Security Number:
Employee Name: (Last)	(First) (MI)
Home Address: (Street)	(Apt #)
(City)	(State) (Zip Code)

Date of Birth: _____

B. HSA PAYROLL CONTRIBUTION: Please enter your HSA election.

I authorize my employer to initiate the following payroll deduction to contribute to my HSA.

Per Pay Deduction	Plan Year Election
\$ _____	\$ _____

Date: _____

IRS Contribution Limits

- For 2020
 - Single Coverage: \$3,550 or Family Coverage: \$7,100
- Additional Catch-up Contribution (for those 55 and older): \$1,000
- The combination of employee, employer and any third party contributions may not exceed the limits indicated.

Note: Oberlin College maximum contributions are: Employee - \$1,000; Employee +spouse/DP - \$1,500; Family - \$2,000.

C. EMPLOYEE CERTIFICATION Please return completed form to Human Resources.

- I understand the eligibility requirements for contributions made to my Health Savings Account and state that I qualify to make contributions to this account.
- I assume complete responsibility for:
 1. Determining my eligibility for an HSA each year a contribution is made.
 2. Ensuring all contributions made to my account are within the limits set forth by the tax laws.
 3. Any tax consequences of contributions (including rollover contributions) and distributions.

Signature: _____

D. PAYROLL DEDUCTION INFORMATION: For HR use only.

- **Deduction cycle:** weekly bi-weekly monthly semi-monthly other _____
- **Change existing payroll deduction amount**
 - First Pay Date of new HSA deduction: ____/____/____
 - Number of pay dates on which new HSA deduction will be taken during the Plan Year: ____
- **Election amount due to new Plan Year**
 - Pay Date of first HSA deduction: ____/____/____
 - Number of pay dates on which new HSA deduction will be taken during the Plan Year: ____