

HSA Payroll Deduction Form



Submit complete form to:

HR/Benefits Office - Attn: Maria Belmares Herrera

Fax: (616) 234-3907

E-mail: to mherrerabelmares@grcc.edu

Employee Name		Employee ID/Social Security Number(last 4 #'s):		
Address	City	State	Zip Code	Home Phone
Email Address			Work Phone	

☐ **New Deduction** ☐ **Replace Existing Deduction** ☐ **Cancel Payroll Deduction**

CONTRIBUTION AMOUNTS

I wish my contributions to begin on pay date:

Per paycheck Amount:	#of paychecks:	Annual Contribution Amount:
----------------------	----------------	-----------------------------

ANNUAL LIMITS

IRS Annual Limits	Single Coverage	Family Coverage
Calendar Year 2016	\$3,350	\$6,750
Maximum Catch-Up Contributions:**	\$1,000	\$1,000
Calendar Year 2016		

***Individuals who have reached Age 55 are permitted to make "Catch-up" contributions*

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan and that the above deductions, if any, will be made on a pre-tax basis. I am enrolled in a High Deductible Health Plan with H.S.A. and certify that I am not eligible to receive any benefits under another health plan or general purpose FSA. I also understand that in order to avoid tax consequences, it is my responsibility to ensure that funds drawn from my Health Savings Account are eligible expenses with substantiated receipts.

I authorize Grand Rapids Community College to initiate payroll deductions, and adjusting entries, from my pay check, and to deposit the contribution amount to my health savings account held with **HealthEquity**. I understand that, I may terminate this authorization by completing a new form and submitting to the Benefits office 10 days prior to the next payroll cycle.

Employee Signature: _____ Date: _____