Washtenaw Community College
Payroll Deduction Authorization for Health Savings Account

Before deciding on the amount to be withheld each pay period:

Review the annual contribution limits that fit your insurance coverage (Single or Double/Family)

The 2020 tax year IRS limits for HSA are $3,550 for single and $7,100 for Double/Family

(includes the college contribution)

Healthcare Plans & HSA Contributions								
	BCN HMO or Simply Blue PPO 100% Funded		BCN HMO or Simply Blue PPO Unfunded		Simply Blue PPO 2K/4K 50% Funded		BCN HMO 50% Funded	
	Single	**Dbl/Fam**	**Single**	**Dbl/Fam**	**Single**	**Dbl/Fam**	**Single**	**Dbl/Fam**
College Contribution	$1,400	$2,800	$0	$0	$1,000	$2,000	$700	$1,400
Employee Contribution Limit	$2,150	$4,300	$3,550	$7,100	$2,550	$5,100	$2,850	$5,700
IRS Limit	**$3,550**	**$7,100**	**$3,550**	**$7,100**	**$3,550**	**$7,100**	**$3,550**	**$7,100**

For any of the above plans, if you are age 55 or older at any time during the tax year, you can add $1,000 to the numbers above. Goal amount **must** be specified as it will default to the coverage allowed IRS limits. **If you plan to retire or claim social security in the 2020 calendar year, please refer to the IRS guidelines:** https://www.irs.gov/pub/irs-pdf/p969.pdf

Review HSA Eligibility Requirements: If you do not meet all of the following eligibility requirements, federal regulations prohibit you from opening an HSA.

- Covered under a qualified high deductible health plan on the first day of the month
- Not covered by any other health plan, including your spouse's health insurance
- Not covered by spouse's Medical Flexible Spending Account (FSA)
- Not enrolled in any part of Medicare or Tricare
- Have not received Veteran's health benefits in the past 90 days
- Not claimed as a dependent on another person's tax return

I authorize Washtenaw Community College to deduct:

$_____ on a pre-tax basis from **each** pay, OR

$_____ a **one-time** pre-tax deduction on the next pay

$_____ goal amount if different from the allowed IRS limits on the above plans (age 55 or older)

Signature: _____

Print Name: _____

Employee ID: _____

Date: _____   **Return completed form to HRM**

Date:_____ HRM Signature:_____ Effective (pay date): _____