



**HEALTH SAVINGS ACCOUNT (HSA)
Payroll Deposit Authorization
REGULAR / ON-GOING CONTRIBUTIONS**

Important: For use only by employees currently enrolled in a High Deductible Health Plan (HDHP) through Wayne County.

First Name **Last Name** **M.I.** **Employee ID #**

Daytime Phone **Work E-mail Address** **Home E-mail Address**

Date of Birth **Date of Hire** **Effective Date of HDHP Enrollment**

- ☐ I have elected enrollment in a High Deductible Health Plan (HDHP) through Wayne County and am eligible to contribute to a health savings account (HSA).
- ☐ I DO NOT wish to contribute to a health savings account (HSA).

- ☐ I elect to have the amount stated below contributed to my HSA each pay. I understand that I must complete a separate HSA Deduction Authorization Form if I want to change or stop this contribution at a later date or if I want to make a one-time contribution of any annual bonus for which I may be eligible. Further, I understand that I am responsible not to exceed IRS contribution limits.¹

Per Pay Deduction: \$ _____ **Payroll Effective Date:** _____

NOTE: If you want to stop HSA contributions, enter \$0 on the Per Pay Deduction line. If no effective date is indicated or form is received after stated effective date, the contribution deduction will begin with the next pay thereafter.

¹ **Contribution Limits:** Annual HSA contributions cannot exceed the statutory IRS contribution annual maximums updated each year (listed below for the current year). See Department of Treasury Web Site for more details regarding contribution limits and eligibility rules. <http://www.treas.gov/offices/public-affairs/hsa/>

Tax Year	2024
Single Person Maximum Contribution	\$4,150
Family (2 or more members) Maximum Contribution	\$8,300
Additional "Catch Up" Contribution for Persons Age 55 and Over	\$1,000

By signing this form, I authorize my employer to contribute the elected amount to the HSA administrator, Health Equity. I hereby confirm that all personal information and selections made on this form are correct and that I am currently qualified to contribute to an HSA under IRS guidelines and am not currently covered under a non-qualified health plan, including Medicare.

Signature **Date**

DISCLAIMER: HSAs are personal health savings vehicles rather than group employee benefits. Although Wayne County has agreed to forward contributions through its payroll system to Health Equity, it has not specifically endorsed Bancorp Bank or any other HSA provider. Persons are not restricted from moving funds to another HSA, but Wayne County is not required to forward payroll contributions to another HSA provider. With respect to HSAs offered through Health Equity, Wayne County does not impose conditions on the use of HSA funds, make or influence any investment decisions with respect to funds contributed to an HSA, or received any payment or compensation in connection with an HSA. All bank fees associated with the maintenance of an HSA account are strictly the responsibility of the individual account holder.

Submit Completed Form to: Wayne County Benefits & Disability Administration Division

Phone: (313) 224-5157 • Fax: (313) 967-1228 • E-mail: benefits@waynecounty.com