



The University of Tennessee

Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to have money withheld from your paychecks and deposited into your health savings account (HSA) on a pre-tax basis. **You must be enrolled in a consumer-driven health plan (CDHP) with a HSA before you can start a payroll deduction.**

I wish to: <input type="checkbox"/> Begin a deduction <input type="checkbox"/> Change my deduction <input type="checkbox"/> Stop my deduction Effective date _____		
Section 1: Employee Information		
Name _____ <i>(Last, First, Middle initial)</i>	Personnel Number _____ Work phone number _____	
Section 2: Calculate Your Maximum HSA Contribution <i>Use the worksheet below to determine how much you can contribute to your HSA in 2016.</i>		
	Select your enrollment status	
	Individual HSA	Family HSA
A. Maximum amount that can be put in your HSA for 2016	\$3,350	\$6,750
B. Are you age 55 or older? No, write \$0. Yes, write \$1,000		
C. How much your employer will contribute in 2016		
D. $A + B - C =$ <i>The most you can contribute in 2016</i>		
If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a midyear change, be sure to include any amounts you have already contributed in 2016.		
Section 3: Calculate Your Per-Paycheck HSA Contribution <i>Continue the worksheet to determine how much you will contribute to your HSA per paycheck.</i>		
Individual HSA	Family HSA	
Total from D. \$ _____	Total from D. \$ _____	
E. Number of paychecks you will receive in 2016 _____ (if paid biweekly max is 24)	E. Number of paychecks you will receive in 2016 _____ (if paid biweekly max is 24)	
F. $D \div E =$ \$ _____ <i>This is the most you can contribute per paycheck</i>	F. $D \div E =$ \$ _____ <i>This is the most you can contribute per paycheck</i>	
Amount you elect to contribute to your HSA per paycheck \$ _____ <i>Can be any amount up to or less than F</i>	Amount you elect to contribute to your HSA per paycheck \$ _____ <i>Can be any amount up to or less than F</i>	
Employee's Signature <i>Required</i>		
By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount. This request replaces any previous payroll deduction requests for my HSA.		
Employee's signature	Date	

Return this form to P115 Andy Holt Tower • Knoxville, Tennessee 37996 • (865) 974-5251 • Fax: (865) 974-3530
Keep a copy for your records.