

Employee HSA Payroll Deduction Form

Return completed form to:

Vermilion Parish School Board

Attention: Ja'Net Broussard
220 S Jefferson
Abbeville, LA 70510
337-898-5781 (Fax)
Janet.r.broussard@vpsb.net

Eligibility and contributions limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility please contact HealthEquity Member Services at 866-346-5800.

Max Annual Contributions		
Coverage Type	Total Max Contributions	Per Month
Self-Only	\$4,150	\$348.83
Family	\$8,300	\$691.67

Employee Information and Authorization

Employee Name: _____
Please Print

Social Security Number or Employee # _____ Date of Birth: _____

Address: _____

Email Address: _____ Phone #: _____

Please withhold \$ _____ from my monthly payroll and apply the funds to my HealthEquity HSA.

Signature

Date