

## 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 are covered as of December 1st, you are considered an eligible individual for the entire year and you are 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	Contributions	Per Month
Self-Only	\$4,400	\$366.66
Family	\$8,750	\$729.16

Optional Annual "Catch Up" Max Contribution		
Coverage Type	Contributions	Per Month
Self-Only (55+)	\$5,400	\$450.00
Family (55+)	\$9,750	\$812.50

## 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