City of Pendleton
2015 Health Savings Account (HSA)
Contribution Options and Salary Reduction Agreement

Contribution Limits: Your total annual employee election along with contributions from any other source, including your employer, may not exceed the annual maximum contribution amount set by the IRS.

CONTRIBUTION OPTIONS

For Maximum contributions:	2015 Annual Contribution Limit	Less: Employer Contribution	Maximum Employee Contribution	Payroll Withholding (monthly)
Single Plan	$3,350.00	$1,200.00	$2,150.00	$179.17
Single Plus Age 55 Catch-up*	$4,350.00	$1,200.00	$3,150.00	$262.50
2-Party Plan	$6,650.00	$2,500.00	$4,150.00	$345.83
2-Party Plus Age 55 Catch-up*	$7,650.00	$2,500.00	$5,150.00	$429.17
Family Plan	$6,650.00	$2,300.00	$4,350.00	$362.50
Family Plus Age 55 Catch-up*	$7,650.00	$2,300.00	$5,350.00	$445.83

CONTRIBUTION OPTIONS

☐ Initial Here I elect to contribute to my HSA with a pre-tax salary reduction and authorize my employer to deduct the amounts as indicated from my salary and forward the funds to HSA Bank for deposit to my HSA.

Name _____ Contribution Start Date: _____

(Date must be on or after the first day of your HSA-compatible health plan coverage. Leaving the contribution start date blank will authorize your employer to determine the date on your behalf)

SINGLE PLAN

☐ $179.17 per pay period

☐ $262.50 per pay period (for employees 55+ only who desire "catch-up" contributions)

☐ $_____ Other monthly amount - please specify (cannot exceed max contribution limits)

☐ $_____ one-time, lump-sum contribution

2-PARTY PLAN

☐ $345.83 per pay period

☐ $429.17 per pay period (for employees 55+ only who desire "catch-up" contributions)

☐ $_____ Other monthly amount - please specify (cannot exceed max contribution limits)

☐ $_____ one-time, lump-sum contribution

FAMILY PLAN

☐ $362.50 per pay period

☐ $445.83 per pay period (for employees 55+ only who desire "catch-up" contributions)

☐ $_____ Other monthly amount - please specify (cannot exceed max contribution limits)

☐ $_____ one-time, lump-sum contribution

City of Pendleton
Health Savings Account (HSA)
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HEALTH SAVING ACCOUNT – IMPORTANT INFORMATION –READ CAREFULLY

Anyone wishing to make pre-tax contributions to their Health Saving Account will need to complete and sign this HSA Salary Reduction Agreement and return it to payroll no later than the end of the first week of the month you want contributions to start.

You do not have to start contributing upon enrollment. If you decide that you want to start contributing during the plan year just complete and sign this HSA Salary Reduction Agreement (both sides) and return it to payroll. If you choose to stop contributing at anytime during the plan year you may do so by completing the Cancellation section on this form.

AUTHORIZATION

By my signature below, I certify that I have enrolled in an HSA compatible health plan and that I am not covered under any other plan that would disqualify me from opening or contributing to my HSA. I authorize the City of Pendleton to initiate payroll deductions, and adjusting entries thereto, from my pay check, and to deposit the value of such payroll deductions to the health savings bank account I maintain in connection with the HSA program.

I also agree to notify the City if there is any change in my health insurance status (gain or lose dual coverage).

Employee Name: _____

PLEASE PRINT

Employee Signature: _____

Date

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CANCELLATION AUTHORIZATION

☐ I wish to cancel all future contributions to my HSA account through pre-tax payroll deduction.

Cancellation must be submitted in writing and received by the payroll department at least ten (10) days prior to the end of pay period in which the change will take place. Cancellation of my payroll deduction will not apply to transactions that were initiated prior to receipt of the cancellation notice or to adjusting entries on previous transactions.

Effective Date: _____ (date must be entered)

Employee Name: _____

PLEASE PRINT

Employee Signature: _____

Date