

# AUSTIN PEAY STATE UNIVERSITY

## Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to withhold money from your paychecks and deposit it 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:<br><input type="checkbox"/> Begin a deduction <input type="checkbox"/> Change my deduction <input type="checkbox"/> Stop my deduction    Effective date _____<br><div style="text-align: right;"><i>Human Resources office will confirm the effective date.</i></div>  |  |                                      |
| <b>Section 1: Employee Information</b>  |  |                                      |
| Name _____<br>(Last, First, Middle initial)<br><br>Mailing address _____<br><br>City/State/ZIP _____  | Employee ID _____<br><br>Work phone number _____<br><br>Agency name _____  |                                      |
| <b>Section 2: Calculate Your Maximum HSA Contribution</b>   |  |                                      |
| Use the worksheet below to determine how much you can contribute to your HSA in 2025.   |  |                                      |
|   | Select your enrollment status  |                                      |
|   | <b>Individual HSA</b>  | <b>Family HSA</b>                    |
| A. Maximum amount that can be put in your HSA for 2025  | \$4,300  | \$8,550                              |
| B. Are you age 55 or older? No, write \$0. Yes, write \$1,000   |  |                                      |
| C. How much your employer will contribute in 2025?  | \$500  | \$1,000                              |
| D. $A + B - C =$<br><i>The <b>most</b> you can contribute in 2025</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 2025.   |  |                                      |
| <b>Section 3: Calculate Your Per-Paycheck HSA Contribution</b>  |  |                                      |
| Continue the worksheet to determine how much you will contribute to your HSA per paycheck.  |  |                                      |
| <b>Individual HSA</b>   | <b>Family HSA</b>  |                                      |
| Total from D.                      \$ _____   | Total from D.                      \$ _____  |                                      |
| E. Number of paychecks you will receive in 2025 _____   | E. Number of paychecks you will receive in 2025 _____  |                                      |
| F. $D \div E =$<br><i>This is the <b>most</b> you can contribute per paycheck \$ _____</i>  | F. $D \div E =$<br><i>This is the <b>most</b> you can contribute per paycheck \$ _____</i>                             |                                      |
| Amount you elect to contribute to your HSA per paycheck<br><i>Can be any amount up to or less than F      \$ _____</i>  | Amount you elect to contribute to your HSA per paycheck<br><i>Can be any amount up to or less than F      \$ _____</i> |                                      |
| <b>Employee's Signature Required</b>  |  |                                      |
| 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.<br><b>This request replaces any previous payroll deduction requests for my HSA.</b> |  |                                      |
| Employee's signature  | Date   |                                      |
| <b>Benefits Office Use</b>  |  |                                      |
| Employee's annual contribution  | Number of paychecks remaining for 2025   | Employee's contribution per paycheck |
| \$ _____  |  | \$ _____                             |

**Return this form to your Benefits Office (Browning Room 2) or Benefits@apsu.edu. Keep a copy for your records.**