

HSA Bank Payroll Deduction Form 2021

Employee Name	Ball State ID #
☐ New Account ☐ Deduction Change ☐ Stop Deduction	
IRS Maximum Contribution for 2021: - Single Coverage = \$3,600 - Family Coverage = \$7,200 - Catch-up Contribution = \$1,000	Level of Medical Coverage: ☐ Single ☐ Employee + Children ☐ Family
Contribution Details: <i>In calculating your annual contribution, be aware of the amount that the University may be contributing on your behalf. These funds are applied towards the limit. Be sure that both contributions (Employee and Employer) do not exceed the annual IRS limit. The 2021 University contribution will be \$528.00 for Single coverage and \$1,320.00 for Employee + Children or Family coverage.</i>	
Eight (8) Digit HSA Bank Account#	Date to Begin Deduction**:
Employee Contribution Amount Per Pay: \$ _____ Please remember that you must match/contribute a minimum of 25% of the University seed amount to receive it each month.	2021 Calendar Year Employee Contribution Goal: \$ _____ This field is optional. If your goal is met, your contributions will stop and you will need to complete a new form to begin them again.

Please note that if your HSA Qualified coverage is effective on the 1st day of the month, you can establish your HSA and/or begin contributions as early as the first day of the same month; however, if your HSA Qualified coverage is effective any day other than the 1st day of the month, you cannot establish your HSA and/or begin contributions until the 1st day of the following month. If you had a General Purpose Flexible Spending Account (FSA) during the preceding Plan Year, it must have a **zero balance as of December 31st in order for you to establish your HSA and/or begin contributions on January 1st. If your General Purpose FSA has a balance, then you must wait until the 1st of the month following the end of the plan's grace period to establish your HSA and/or begin contributions. The grace period for the FSA plan ends on March 15th, so April 1st is the earliest date you could establish your HSA and/or begin contributions.

By signing below I am authorizing Ball State University to make payroll deductions in the amount specified above. This amount will be applied as a contribution to my HSA account under the University's medical insurance HSA plan. I will inform the University in writing when I wish to alter or terminate this authorization. I also agree that it is my sole responsibility to determine if I am eligible to make contributions to an HSA.

This form must be returned to the Payroll and Employee Benefits Office at least 10 business days prior to pay distribution date to process HSA deduction.

Employee Signature	Date
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