Health Savings Account Deduction Authorization Form

Last Name	First Name	Social Security Number		
Address		City	State	Zip
Phone Number:		Date of Birth:		
Date of Hire		Plan Year		

HEALTH SAVINGS ACCOUNT

☐ I direct and authorize my employer Gunnison County to deduct and transmit my noted pre-tax deduction to Xerox Bank which will in turn be deposited into my Health Savings Account.

$_____ _____ $_____
Annual Amount No: of Pay Periods Payroll Deduction

Please note, 2019 HSA pre-tax contributions are limited to $3,500 for individual plan or $7,000 for family. Your employer seed money should be inclusive of the above noted totals.

Individuals 55 years or older can contribute an additional $1,000 catch up amount.

GROUP PREMIUMS

Premiums for Group Health Coverage are deducted from paychecks on a pre-tax basis.

AUTHORIZATION:

I have read all the enrollment literature explaining these benefits. I understand that funds are deducted pre-tax. Upon leaving Gunnison County or dis-enrolling in the High deductible Health Plan, Gunnison County is no longer responsible to continue deduction and transmission of funds to Xerox for deposit.

Employee's Signature:_____ **Date:**_____