



## HSA Payroll Deduction Form

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Banner ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I elect a per pay contribution of \$ \_\_\_\_\_ to be deducted and contributed to my Health Savings Account.

**\*Contributions Limits:** Your annual HSA contribution cannot exceed the statutory IRS contribution maximums. For 2024, these limits are \$4,150 for single coverage and \$8,300 for family. These limits include any institutional contributions. If you are age 55 or older, you can make additional “catch-up” contributions of up to \$1,000.

See IRS website for more details: [Health Savings Accounts and Other Tax-Favored Health Plans](#)

By signing this form, I authorize my employer to deduct the elected amount from my pay on each pay date. I hereby consent that all personal information and selections made are correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return your completed form to Payroll, Rodman Hall 131. If you have questions, please contact Human Resources at 216-397-1576.***

**DISCLAIMER:** HSAs are personal health savings vehicles rather than group employee benefits. Although your employer has agreed to forward contributions through its payroll system to OptumBank, it has not specifically endorsed OptumBank or any other HSA provider. You are not restricted from moving funds to another HSA, but your employer is not required to forward payroll contributions to another HSA provider. With respect to HSAs offered through OptumBank, employers may not impose conditions on the use of HSA funds, make or influence any investment decisions with respect to funds contributed to an HSA, or receive any payment or compensation in connection with an HSA.