

PAYROLL DEDUCTION FORM

HEALTH SAVINGS ACCOUNT (HSA)

I _____, hereby authorize
(Please Print)

the City of Green Bay to deduct \$ _____ each pay period (24 pay periods) from my payroll for the Health Savings Account. I also authorize the financial institution to credit and/or debit my account.

HSA Account Information:

Checking _____ Savings _____

Transit ABA Routing #: _____

Account Number #: _____

Name of Bank: _____

Total maximum contributions for 2019:

Single: \$3,500

Family: \$7000

When making your elections, please keep in mind the maximum contribution allowed in 2019 includes what you the employee contributes, as well as amounts the City contributes. In 2019, the City will contribute \$500 for single and \$1,000 for family, distributed quarterly in 4 equal payments.

In addition, any PBA \$'s you earn will be deposited into your HSA account and will also count toward the annual maximum contribution. Employees can earn up to \$200 for single coverage and up to \$400 for family coverage.

Signature

Date

This authorization will become effective the first paycheck in January and will remain in full force and effect until the City of Green Bay has received written notification from me for its termination in such time and manner as to afford the City of Green Bay and the financial institution reasonable time to act on it. If an employee has a break in service of 60 days or more, a new direct deposit form is required.