San Juan County Employee Health Savings Account (HSA) Contribution Form

Please fill out this form out and return it to Payroll. If you are in the Sheriff's Guild, or Medicare eligible, please complete a VEBA enrollment form instead.

Name _____
First: Middle Last

Current Mailing Address: _____

Social Security Number: _____

☐ **How much would you like to contribute to your HSA each month?** **$** _____

Contribution amounts may be changed quarterly. New contribution forms must be received by the 15th of January, April, July, or October of each year. (Not sure how much you can contribute to your HSA? Use the information below.)

☐ **Cancel Contributions. I wish to discontinue payroll contributions to my HSA.**

By signing this form I authorize my employer to reduce my pay on a per pay period basis as indicated above. I am aware that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for contributions to my HSA.

Signature _____ **Date** _____

2012 Annual HSA Contributions

Coverage Type	2012 Maximum Allowed	County Contribution	Max Employee Contribution
Single	$3,100	$1,500	$1,600
Single age 55+	$4,100	$1,500	$2,600
Family	$6,250	$3,000	$3,250
Family age 55+	$7,250	$3,000	$4,250

*Catch-up contribution (age 55 +) is $1,000

Your eligibility to contribute to an HSA is determined by the effective date of your High Deductible Health Plan (HDHP) coverage. Your annual contribution depends on your HDHP coverage. If you are covered on December 1 of this year, you are treated as an eligible individual for the entire year and do not need to prorate contributions based on number of months enrolled. However – if you cease to be an eligible individual during the plan year, the excess over the prorated contribution during the plan year is included in income and subject to a 20% additional tax. The amount you can contribute is not determined by the date you establish your account.