

HEALTH SAVINGS ACCOUNT (HSA) PAYROLL DEDUCTION AUTHORIZATION FORM

Lincoln Land Community College (LLCC) will contribute a total of \$3,092 to your Health Savings Account (HSA). This contribution will be made in two installments - \$1,546 on July 15, 2017 and \$1,546 on January 15, 2018. Any amount you authorize on this form will be in addition to LLCC's contribution to your HSA.

<input type="checkbox"/> NEW DEDUCTION	<input type="checkbox"/> CHANGE AMOUNT	<input type="checkbox"/> NO DEDUCTION
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MAXIMUM HSA CONTRIBUTION

Every year, the Internal Revenue Service (IRS) sets maximum contribution limits for HSA's. This includes both employer and employee contributions. Failure to observe these limits may result in individual tax penalties. Please take into account any future contributions that will be made by LLCC when deciding your personal contributions to your HSA via payroll deduction. Your financial institution is required to report HSA contribution information to the IRS. IRS Publication 969 provides detailed information regarding your responsibilities with a health savings account. This document is available on the HR Portal page. You may wish to contact the IRS or your tax advisor for additional guidance.

2017 Contribution Maximums

- **Employee with self-only coverage = \$3,400 annually**
- **Employee with family coverage = \$6,750 annually**
- **Employees age 55 and over may contribute an additional \$1,000**

I elect a per pay period contribution of \$_____.

Effective – Pay Period Ending _____
mm/dd/yyyy

I affirm that I am enrolled in a qualified high deductible plan, have no other medical coverage, including Medicare, and am not participating in a medical Flexible Spending Account. I am eligible to contribute to a health savings account on a tax-free basis.

I hereby request and authorize Lincoln Land Community College to deduct from my pay the above deduction and forward it to my designated health savings account. I understand that it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as my dependents. I understand that all payroll deductions made within the calendar year will be reported for that calendar tax year. I also understand that using my HSA funds for expenses other than those deemed qualified may subject me to tax penalties.

Name (PRINT)	SSN or Colleague ID #
Signature	Date