

Knox County Schools

Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to have your employer withhold money from your paychecks and deposit it into your health savings account (HSA) on a pre-tax basis. **You must be enrolled in a consumer-driven health plan (CDHP) with a HSA before you can start a payroll deduction.**

I wish to:
 Begin a deduction Change my deduction Stop my deduction Effective date _____
Your payroll office can confirm the effective date.

Section 1: Employee Information

Name _____ <i>(Last, First, Middle initial)</i>	SSN or employee ID _____
Mailing address _____	Work phone number _____
City/State/ZIP _____	Agency name <u>Knox County Schools</u>

Section 2: Calculate Your Maximum HSA Contribution

Use the worksheet below to determine how much you can contribute to your HSA in 2021.

	Select your enrollment status	
	Individual HSA	Family HSA
A. Maximum amount that can be put in your HSA for 2021	\$3,600	\$7,200
B. Are you age 55 or older? No, write \$0. Yes, write \$1,000		
C. How much your employer will contribute in 2021 (see page 2)		
D. $A + B - C =$ <i>The most you can contribute in 2021</i>		

If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a midyear change, be sure to include any amounts you have already contributed in 2021.

Section 3: Calculate Your Per-Paycheck HSA Contribution

Individual HSA	Family HSA
Amount you elect to contribute to your HSA per paycheck \$ _____	Amount you elect to contribute to your HSA per paycheck \$ _____

Employee's Signature *Required*

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.

This request replaces any previous payroll deduction requests for my HSA.

Employee's signature	Date
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Benefits Office Use

Employee's annual contribution	Number of paychecks remaining for 2021	Employee's Contribution per paycheck
\$ _____		\$ _____

Return this form to your personnel, payroll, or benefits office. Keep a copy for your records.

Health Savings Account
Knox County Schools Contributions

(employees will receive the KCS contribution on a monthly basis)

Tier Level	KCS Annual Contribution	KCS Monthly Contribution
Employee Only	\$605.35	\$50.45
Employee + Child(ren)	\$1,679.02	\$139.92
Employee + Spouse	\$2,134.69	\$177.89
Family	\$2,712.82	\$226.07
2 Employee (EE + SP)	\$1,564.02	\$130.34
2 Employee (Family)	\$995.27	\$82.94