HSA Bank Payroll Deduction Form 2021

	Employee Name	Ball State ID #	
	□New Account □Deduc	tion Change Stop Deduction	
	IRS Maximum Contribution for 2021:	Level of Medical Coverage:	
	• Single Coverage = \$3,600	☐ Single ☐ Employee + Children ☐ Family	
	Family Coverage = \$7,200	, ,	
	Catch-up Contribution = \$1,000		
	Contribution Details: In calculating your annual contribution, be aware of the amount that the University may be contributing on your behalf. These funds are applied towards the limit. Be sure that both contributions (Employee and Employer) do not exceed the annual IRS limit. The 2021 University contribution will be \$528.00 for		
		ngle coverage and \$1,320.00 for Employee + Children or Family coverage.	
	Eight (8) Digit HSA Bank Account#	Date to Begin Deduction**:	
	Employee Contribution Amount Per Pay:	2021 Calendar Year Employee Contribution Goal:	
	_		
	\$	\$	
	Please remember that you must match/contribute a minimum	This field is optional. If your goal is met, your contributions	
	of 25% of the University seed amount to receive it each	will stop and you will need to complete a new form to begin	
	month.	them again.	
fective 1st an Year ntrib Illowintrib A pland signification of the second significatio	day of the following month. If you had a General Purp ear, it must have a <u>zero balance</u> as of December 31 st in outions on January 1 st . If your General Purpose FSA ha ing the end of the plan's grace period to establish your an ends on March 15 th , so April 1 st is the earliest date your along below I am authorizing Ball State University to man wit will be applied as a contribution to my HSA accoun	nnot establish your HSA and/or begin contributions until pose Flexible Spending Account (FSA) during the preceding	
is fo		Benefits Office at least 10 business days prior to pay	
stribution date to process HSA deduction.			
	Employee Signature	Date	