



Health Savings Account Payroll Deduction Form

Part I - Accountholder Profile Information

*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Home Phone	*Mobile Phone
*Physical Street Address (U.S. address required to open an HSA)			
*City		*State	*Zip
Alternate Mailing Street Address or PO Box			
City		State	Zip
*Email Address		*Date of Birth	
*Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unspecified
*Marital Status		<input type="checkbox"/> Married	<input type="checkbox"/> Single
*Mother's Maiden Name			
*Hire Date	*Hours Worked per Week	*Payroll Frequency	

Part II - Authorization and Eligibility Certification

When opening an HSA with First American Bank Health Account Services, I understand and agree to the following:

- I am at least 18 years old and cannot be claimed as a dependent on someone else's tax return.
- I am covered under a high deductible health plan (HDHP).
- I am not enrolled in Medicare.
- I do not have any other non-qualified health coverage.
- I do not have a flexible spending account (FSA) to pay for medical expenses incurred before my medical plan deductible is met, unless it is limited to pay for dental and vision expenses only.
- My spouse, if applicable, does not have a flexible spending account (FSA) to pay for medical expenses before their medical plan deductible is met, unless it is limited to pay for dental and vision expenses only.

As a follow-up to this application, you will need to login to the HSA website to accept your terms and conditions.

*Signature	*Print Name	*Date
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Part III - Election for Payroll Deduction

(Complete this section if you are enrolling through your employer’s benefit offering)

I authorize my employer to deduct my HSA contributions from my payroll, and forward them to my HSA.

My health plan coverage type: Single Family

Note – The HSA has a maximum annual contribution limit that is determined by your health insurance coverage (self-only/family). Your employer may choose to contribute to your HSA, which will count towards to your maximum contribution allowed. Your health plan eligibility determines the effective date of your HSA. If you are covered on December 1, you’re considered eligible for the entire year and not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any contributions over the prorated amount may be an excess contribution. You are solely responsible for determining whether contributions to your HSA exceed the maximum annual contribution limitation. You are also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution. For additional information regarding eligible and contribution limits please go to: www.irs.gov.

2023 Annual Contribution Limit			2024 Annual Contribution Limit		
Health Plan Coverage Level	*Annual Contribution Limit	Per Month	Health Plan Coverage Level	*Annual Contribution Limit	Per Month
Self-Only	\$3,850	\$320.83	Self-Only	\$4,150	345.83
Family	\$7,750	\$645.83	Family	\$8,300	691.66

*Age 55+ eligible for an additional catch-up contribution of \$1,000

Your Personal Contribution Election

Annual Maximum Contribution (plus catch-up if eligible)	Minus (-)	Total Employer Annual Contribution	Equals (=)	Your Eligible Annual Contribution	Divide (/)	Number of Payrolls per Year	Equals =	Your Maximum Per Pay Period Payroll Deduction
\$ _____		\$ _____		\$ _____		_____		\$ _____

Please withhold \$ _____ from my payroll and apply to my First American Bank Health Account Services HSA.

First American Bank account number: _____

Routing Number: 067015928