

HSA Payroll Deduction Authorization Form

Employee Name

Employee Social Security Number

Employee Address

Employer Name

I hereby request the following HSA contribution election to be deducted each **pay period**:

Type of Deduction	Existing Per Pay Period Election (if applicable)	New Per Pay Period Election
Pre-Tax Deduction (please see contribution limits below)		

Please note All First American Bank Health Saving Accounts (HSA) are individually owned bank accounts subject to annual contribution limits set forth by the IRS each tax year. It is the responsibility of each account owner to monitor the aggregate of all contributions in relation to IRS pre-set HSA contribution limits depending on plan coverage type & contribution eligibility (see IRS Publication 969 for additional eligibility details <https://www.irs.gov/pub/irs-pdf/p969.pdf>. Contact First American Bank regarding any questions by dialing (866)449-1150, also available online @ www.firstambank.com.

The 2019 and 2020 Calendar Year HSA Contribution Limits:

Coverage Tier	2021/2022 Contribution Limits *Contribution Limits do not reflect Employer Contributions when applicable.
Individual (Employee Only)	\$3,600 / \$3,650
Family (Employee + Spouse or Employee + Dependent(s))	\$7,200 / \$7,300

*Account Owners age 55 or reaching age 55 in the same year contributions are being made, become eligible to contribute an additional \$1,000.00 annually. Catch-Up Contributions can be made in excess of the annual Contribution Limits listed above.

ACCOUNT INFORMATION:

Routing Number: 067015928

Account Number: _____

EXISTING Account Election Change: Y or N (circle one) The only change is to the monthly deduction amount(above)

Requested Effective Date: _____

Please note that the requested change will be processed as soon as possible and could take 1 to 2 payroll cycles to become effectively implemented.

Employee Signature Date

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