Health Savings Account (HSA)
Employee Contribution Form

Effective Date: _____

Last Name	First Name	Middle Initial
Phone Number	Department	Employee Number

You must indicate a contribution amount, even if zero:

Twice-monthly contribution amount: _____

Monthly contribution amount: _____

The current IRS Annual Maximum Contribution Limits are: Single $3,600 / Family $7,200 **including** any employer contribution.

Employees age 55 and over may contribute an additional $1,000 as "catch-up contributions".

Please Note: Contribution changes are made on the first paycheck of the month. Your form must be received by Employee Benefits in Business Services at least two weeks prior to the first pay date of the month. The above contribution amount will continue to be deducted twice monthly until Marion County Employee Benefits has been notified of a change or the IRS annual maximum has been reached.

By signing this form, I authorize Marion County to withhold on a pre-tax basis from my gross wages the amount indicated above for the purpose of contributing to my Health Savings Account. I acknowledge that employees enrolled in any Medicare plan are not eligible to contribute to an HSA and can face IRS penalties if they do so.

Employee Signature _____ Emp. Number _____ Date _____

Return Completed Form to Marion County Employee Benefits: MCEmployeeBenefits@co.marion.or.us