

# HealthEquity®

## HSA Payroll Deduction Form

Submit complete form to HR/Benefits:

Email: [hrcbenefits@grcc.edu](mailto:hrcbenefits@grcc.edu)

Fax: (616) 234-3907

|               |      |   |          |            |
|---------------|------|---|----------|------------|
| Employee Name |      | Employee ID/Social Security Number(last 4 #'s): |          |            |
| Address       | City | State   | Zip Code | Home Phone |
| Email Address |      | Work Phone                                      |          |            |

New Deduction       Replace Existing Deduction       Cancel Payroll Deduction

### CONTRIBUTION AMOUNTS

I wish my contributions to begin on pay date:

|                      |                |                             |
|----------------------|----------------|-----------------------------|
| Per paycheck Amount: | #of paychecks: | Annual Contribution Amount: |
|----------------------|----------------|-----------------------------|

### ANNUAL LIMITS

|   |                                    |                                    |
|---|------------------------------------|------------------------------------|
| <b>IRS Annual Limits<br/>Calendar Year 2023</b> | <b>Single Coverage<br/>\$3,850</b> | <b>Family Coverage<br/>\$7,750</b> |
|---|------------------------------------|------------------------------------|

*\*\*Individuals who have reached Age 55 are permitted to make "Catch-up" contributions*

|  |                |                |
|--|----------------|----------------|
| <b>Maximum Catch-Up Contributions:**</b> | <b>\$1,000</b> | <b>\$1,000</b> |
|--|----------------|----------------|

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan and that the above deductions, if any, will be made on a pre-tax basis. I am enrolled in a High Deductible Health Plan with H.S.A. and certify that I am not eligible to receive any benefits under another health plan or general purpose FSA. I also understand that in order to avoid tax consequences, it is my responsibility to ensure that funds drawn from my Health Savings Account are eligible expenses with substantiated receipts.

I authorize Grand Rapids Community College to initiate payroll deductions, and adjusting entries, from my pay check, and to deposit the contribution amount to my health savings account held with **Health Equity**. I understand that, I may terminate this authorization by completing a new form and submitting to the Benefits office 10 days prior to the next payroll cycle.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_