



2021 Health Savings Account Contribution Change Form

Human Resources
3640 Colonel Glenn Hwy.
University Hall, Suite 200
Dayton, OH 45435-0001
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The university's Health Savings Account (HSA) program allows eligible employees to contribute pre-tax dollars to pay for eligible medical, dental and vision expenses. Your taxable income reported for both federal and state income tax purposes is reduced by the amount of your HSA contributions. It's the responsibility of the employee to ensure the IRS limit is not exceeded.

Employee Information:				
Last Name:	First Name, Middle Initial:		University ID:	
Department:	Social Security Number:	Age:	Are you a Health Management Initiative participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Requested HSA Pre-Tax Salary Reduction Amount*:
Beginning with my <input type="checkbox"/> Monthly pay on _____ deduct \$ _____ for _____ <input type="checkbox"/> Bi-Weekly (Pay Date) (number of pay periods)
*Cannot exceed 2021 annual contribution limit of \$3,600 (single)/\$7,200 (family), inclusive of employee and employer contributions. An additional \$1,000 contribution is permissible for employees age 55 or older.

HSA is the employee's responsibility.

- Avoid tax penalties by using health savings account monies to pay for qualified medical expenses only
- You are accountable for all HSA transactions including IRS personal audits

Your Signature Confirms Your Agreement to the Following:

The HSA pre-tax salary reduction election will be effective the first full pay period following the submission of this form to Human Resources Wright State University maintains no liability regarding the Health Savings Account outside of direct depositing designated funds as requested by the employee. Funds are only available as deposited.

Signature _____ Date

E-mail address for confirmation: _____

Please ensure contributions are withheld correctly from your pay and deposited to your account by monitoring your HealthEquity HSA account activity on <https://my.healthequity.com/> or call HealthEquity at (844) 351-6849.

HR Use Only:			
Annual Employee Contribution Limit:	\$	<input type="checkbox"/> EE Only	<input type="checkbox"/> Banner
Health Management Initiative:	\$	<input type="checkbox"/> EE+Child	<input type="checkbox"/> PEIDTOT
YTD Employee Contribution:	\$	<input type="checkbox"/> EE+Spouse	HROps: _____
Remaining Employee Contribution:	\$	<input type="checkbox"/> EE+Family	