

Detroit Mercy

2021 Health Savings Account (HSA)

Payroll Deduction Form

HealthEquity

Employee Information and Authorization	
Employee Name:	Banner T#
Please withhold \$ _____ from my bi-monthly payroll and apply the funds to my HealthEquity HSA.	
Coverage Type	
<input type="checkbox"/> Single <input type="checkbox"/> Family	
<i>(If not enrolling at the beginning of the plan year (January 1), calculate your withholding based on the number of pay periods remaining in the year).</i>	
Signature:	Date:

2021 HSA Contribution Limits	
Coverage Type	Total Annual Contribution
Self	\$3,600
2 Person/Family	\$7,200

*Catch-up contribution (age 55+) can contribute an additional \$1,000 year.

Please initial

Yes, I would like to contribute the additional \$1000 catch-up contribution

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you are covered as of December 1, you are considered an eligible subscriber for the entire year and you are not required to pro-rate your contributions. If you cease to be an eligible subscriber during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. **For further information or to review eligibility, please contact HealthEquity member services at 866-346-5800 or visit <http://www.healthequity.com/HealthAccounts/HSA.aspx>.**

Please return completed form to Detroit Mercy, Human Resources and Payroll department. Form can be faxed to 313-993-1015.