



Health Savings Account (H.S.A.) 2017 Employee Contribution Change Form



This form is only for employees currently enrolled in the High Deductible Plan with H.S.A. for plan year 2017 that would like to make a change to their H.S.A. contribution after January 1, 2017. An employee may start a H.S.A election, stop the election or increase/ decrease their current per pay period election. Changes are allowed once monthly. Change forms must be submitted by the 15th of the month, allowing the change to be effective the 1st day of the next month.

Employee Information:

Employee Name: _____ SSN# _____ DOB: _____ M or F
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ E-mail: _____

Contribution Information: Plan Year 2017

The IRS places a limit on the maximum amount that can be contributed to H.S.A. accounts. If over the age of 55, an employee may make an additional catch up deduction of up to \$1,000 annually. All maximums listed below are set for combined coverage. Please keep in mind, any employer contribution made from Williamson County will also count as part of your individual or family maximums.

Maximum annual contribution limits as mandated by the IRS for 2017:

Under Age 55:	Over Age 55:
Employee Only HDHP..... \$3,400	Employee Only HDHP..... \$4,400
Employee+1/Family HDHP.... \$6,750	Employee+1/Family HDHP..... \$7,750

Maximum Employer contributions: (2017 Plan Year)	Completion of Biometric Screening & Health Risk Assessment: (2017 Plan Year)
Employee Only HDHP..... \$500.00 (Pro-rated)	Employee \$125.00
Employee+1/Family HDHP..... \$1000.00 (Pro-rated)	Spouse..... \$125.00 (if enrolled in plan)

Determining your Annual Deduction: (Use the guidelines above)

My Annual Election cannot exceed	\$	This worksheet will help demonstrate the maximum you can contribute to your H.S.A. in 2017. Your election can be any amount up to what has been calculated in the 'My Annual Election can be no more than' line.
My Employer Contribution for 2016	(-) \$	
My H.R.A. & Biometric Screening	(-) \$	
My Spouse's H.R.A. & Biometric Screening	(-) \$	
My Annual Election can be no more than	= \$	

Change Request:

- I elect to **start** contributions.
 I elect to contribute \$ _____ annually to my Health Savings Account for the remainder of 2017. The annual amount you contribute will be divided over the remaining pay periods in 2017. The Benefits Department will calculate the pay period amount based on the annual contribution you indicate above and the number of payrolls remaining for the calendar year.
- I elect to **stop** contributions to my Health Savings Account for the remainder of 2017.
- I elect to **increase** my current Health Savings Account per pay period deduction. My current Health Savings Account deduction is \$ _____ and I wish to increase it to \$ _____.
- I elect to **decrease** my current Health Savings Account per pay period deduction. My current Health Savings Account deduction is \$ _____ and I wish to decrease it to \$ _____.

Return completed form to the Williamson County Benefits Department. If you have questions regarding your HSA or completing this form please contact Toni Atib at 615-790-5600 or by email at tonia@williamson-tn.org • toni.atib@wcs.edu

By signing below, I authorize WCG/BOE to withhold my contribution for this plan from my pay on a pre-tax basis. I agree to all terms and conditions of continued enrollment in the Williamson County Health Savings Account, as such exist on the date of my enrollment, and as such may change from time to time, with or without notice to me. I further represent and warrant that all information given by me is accurate, current and complete to the best of my knowledge. I agree to allow the Williamson County Benefits Department to have the appropriate deductions taken from my paycheck according to my above enrollment elections. *Your contributions, tax savings and future values may vary based on multiple factors, including income and regulatory changes. No part of the Williamson County Benefits Department, including materials on our website, provides or is intended to provide tax or investment advice. You should consult a professional tax advisor to determine what is appropriate for your personal situation.

Employee Signature: _____ **Date:** _____