



Health Savings Account (H.S.A.) 2019 Employee Contribution Change Form



This form is only for employees currently enrolled in the High Deductible Plan with H.S.A. for plan year 2019 that would like to make a change to their H.S.A. contribution after January 1, 2019. 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: _____
 Phone#: _____ Employee#: _____ E-mail: _____

Contribution Information: Plan Year 2019

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 2019:

Under Age 55:	Over Age 55:
Employee Only HDHP..... \$3,500	Employee Only HDHP..... \$4,500
Employee+1/Family HDHP.... \$7,000	Employee+1/Family HDHP..... \$8,000

Maximum Employer contributions: (2019 Plan Year)	Completion of Biometric Screening & Health Risk Assessment: (2019 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		\$
My Employer Contribution for 2019	(-)	\$
My H.R.A. & Biometric Screening	(-)	\$
My Spouse's H.R.A. & Biometric Screening	(-)	\$
My Annual Election can be no more than	=	\$

This worksheet will help demonstrate the maximum you can contribute to your H.S.A. in 2019. Your election can be any amount up to what has been calculated in the 'My Annual Election can be no more than' line.

Change Request:

- I elect to **start** contributions.
I elect to contribute \$ _____ annually to my Health Savings Account for the remainder of 2019. The annual amount you contribute will be divided over the remaining pay periods in 2019. 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 2019.
- 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 please contact Joy Heimermann at (615)595-1268 or by email at joy.heimermann@williamsoncounty-tn.gov or joy.heimermann@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:** _____