

# Employee HSA Payroll Deduction Form (HealthEquity)

Return completed forms to:  
BSC Human Resources  
900 Arkadelphia Road  
Box 549090  
Birmingham, AL 35254

## HSA Contribution Limits

| 2019 Annual HSA Contributions |         |
|-------------------------------|---------|
| Single Coverage               | \$3,500 |
| 2 Party or Family Coverage    | \$7,000 |

\*\*Catch-up contribution (age 55+): additional \$1,000/year

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're covered as of January 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual 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.

| Employee Information and Authorization                           |               |
|--|---------------|
| Employee Name  | Last 4 of SSN |
| Annual amount to be withheld and applied to my HealthEquity HSA: |               |
| Signature  | Date          |