

## Employee Health Savings Account (HSA) Payroll Deduction Form

Return completed forms to:

Company Name: **Lancaster General Health – HR Benefits**

Attn: **Dawn Donough**

Fax: **717-544-1177 Option 4**

Email Address: **dldonoug@lghealth.org**

<b>2017 HSA Contribution Limits</b>					
<b>2017 Annual Contributions</b>			<b>2017 Annual Catch-Up Contributions</b> <small>*Catch-up contribution (age 55+): additional \$1,000/year</small>		
Coverage Type	Total Annual Contribution	Per Pay	Coverage Type	Total Annual Contribution*	Per Pay
Self-Only	\$3,400	\$130.76	Self-On\$	\$4,400	\$169.23
Family	\$6,750	\$259.61	Family	\$7,750	\$298.07

**Please choose one or both options below:**

Please withhold \$\_\_\_\_\_ from \_\_\_\_\_ (number of pays) beginning \_\_\_\_\_ (date) and apply the funds to my HealthEquity HSA.

The annual maximum amount to be deducted from my pay is \$\_\_\_\_\_.

Please withhold \$\_\_\_\_\_ from my pay in equal installments for the remainder of 2016 and apply the funds to my HealthEquity HSA.

The annual maximum amount to be deducted from my pay is \$\_\_\_\_\_.

**Attention New Hires:** Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your LG Consumer (HDHP). If you are a new hire and have elected to withhold the annual maximum contribution limit amount for this calendar year, you should plan to continue to be a participant in the LG Consumer Plan for twelve months. If you should cease to be an eligible individual during the next calendar year, any funding over the allowed 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 877-397-4769.

### Employee Information and Authorization

Employee Name  
(Please Print)

Employee ID#:

Or SSN:

Employee Signature\*

Date

(\*If Electronic Signature: My typed name above shall have the same force and effect as my written signature)