



HSA Payroll Deduction Authorization Form
Benefit Period: January 1, 2021 – December 31, 2021

Employee Name: _____

I hereby authorize Hospice of the Piedmont to make the following deduction from my bi-weekly payroll each pay period beginning _____. This deduction will be deposited into my Health Savings Account and I authorize Hospice of the Piedmont to use my HSA Account Number when transferring these funds.

Health Savings Account (HSA) contribution

\$_____ (bi-weekly deduction)

\$_____ (one time deduction)

IRS maximum HSA contributions for 2021 are \$3600 for individuals and \$7200 for family minus the employer contribution. Catch-up contributions for \$1000 for individuals age 55+.

This deduction will be continued until written notification is given to Hospice of the Piedmont or the benefit period has ended. Additionally, changes can only be made on a monthly basis and must be submitted to Human Resources the Monday before relevant paycheck date.

Employee Signature: _____

Date: _____

Received By: _____

Date: _____