State of Rhode Island & Providence Plantations
DEPARTMENT OF ADMINISTRATION
Office of Employee Benefits
One Capitol Hill, Providence, RI 02908
Phone: (401) 222-3160 Fax: (401)222-2964

HEALTH SAVINGS ACCOUNT
EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

Use this form to start, change or stop payroll deductions for contributions to your Health Savings Account (HSA). You must be enrolled in a HSA qualified high deductible health plan (HDHP) before you can start a payroll deduction. Money you elect to withhold from your paycheck will be forwarded to UnitedHealthcare's subsidy Optum Bank. (Go to www.optumbank.com or call 1-866-234-8913 for additional information and to access your account).

EMPLOYEE INFORMATION (Please Print)

Name: _____ **SS#:** _____

Payroll Account #: _____ **State Agency:** _____ **Date of Hire:** _____

Email Address: _____ **Home Phone: ( )**_____

Employee Address: _____
Street City State Zip Code

☐ **I elect to contribute $_____ per pay period (26 x per yr.) OR $_____ total for the calendar year.*** ***(Make sure to take into account the employers portion of the contribution.)***

Effective Date: _____ / _____/ _____

***This deduction request replaces any previous payroll deduction request for HSA. If stopping your deduction, enter "0". This election will continue until I submit a Payroll Deduction form to have my deductions stopped. I am required to take action to stop deductions when I cease to participate in a HDHP.

Maximum annual contribution limits to HSAs for 2017 are $3,400 for individual coverage; $6,750 for family coverage; and an additional $1,000 "catch-up" contribution for individuals 55 or older. There is no minimum contribution limit. **Note**: You risk paying IRS tax penalties if you exceed the allowed annual contribution limits identified above. Be sure to consider any amounts your employer, spouse (if applicable) or you may have/will be contributing during the calendar year.

Depending on when the form is submitted it may take up to two paychecks before the change is reflected.

For the convenience of its employees, State of Rhode Island permits employees to voluntarily deduct funds on a pre-tax basis from their paychecks to fund their Health Savings Account (HSA). Although the State of Rhode Island handles the deduction and transmits the funds to Optum Bank, the third-party administers, ALL aspects of managing and maintaining the HSA are the responsibility of the employee. Therefore, my signature below indicates that I agree:

- I am enrolled in an HSA qualifying high deductible health plan (HDHP).
- I am not participating in a Healthcare Flexible Spending Account (FSA) and know that I may participate in the Limited Healthcare Flexible Spending Account for reimbursement of out-of-pocket dental and vision expenses.
- I am responsible for adhering to the Federally-established HSA contribution limits and funds access rules as summarized in IRS Publication 969, which can be found on the IRS website at www.irs.gov.
- I hereby authorize the State of Rhode Island to deduct the amount specified above from each of my paychecks for subsequent transmission to my HSA account held by Optum Bank.
- I understand this deduction will continue for the duration of my employment or until I submit a Payroll Deduction Form to have deductions stopped. I am required to take action to stop deductions when I cease to participate in HDHP.
- I hereby authorize the State of Rhode Island to recover from my HSA account any employee contributions that may be incorrectly contributed to my account due to an error in the determination of my medical insurance eligibility.

By signing this form, I am requesting that pre-tax payroll deduction be established or modified as indicated above and agree to the preceding terms. I understand there are IRS rules I must comply with, including the IRS maximum limits I can contribute to my HSA and I may be liable for tax penalties if I exceed the applicable limit(s) or do not comply.

Employee Signature: _____ **Date:** _____