



State of Rhode Island & Providence Plantations
 DEPARTMENT OF ADMINISTRATION
 Office of Employee Benefits
 One Capitol Hill, Providence, RI 02908
 Phone: (401) 574-8530 | Fax: (401) 574-9281 | Email: DOA.OEB@doa.ri.gov
www.employeebenefits.ri.gov

HEALTH SAVINGS ACCOUNT (HSA) PAYROLL DEDUCTION AUTHORIZATION FORM

Use this form to start, change or stop payroll deduction contributions to your Health Savings Account (HSA). You must be enrolled in the State's Anchor Choice Plan, an 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 Blue Cross & Blue Shield of Rhode Island's (BCBSRI) banking partner, UMB Bank. (Visit www.bcbsri.com or call 401-429-2104 or 1-866-987-3705 for more information and to access your account).

EMPLOYEE INFORMATION (Please Print)

Name: _____ SSN: _____

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

Email Address: _____ Home Phone: _____

Note: IRS annual contribution limits apply. You risk paying IRS tax penalties if you exceed these limits. Please review the current limits on www.employeebenefits.ri.gov/hsa. Contributions to your HSA from the State of Rhode Island, as well as any other source, count towards the IRS limit applicable to you.

I elect to contribute \$ _____ per pay period (26 x per yr.) OR \$ _____ total for the calendar year.

- Start my payroll contribution as soon as possible
- Start my payroll contribution as of this future pay day: _____

I elect to stop my HSA contribution.

- Stop my payroll contribution as soon as possible
- Stop my payroll contribution as of this future pay day: _____

Although the State of Rhode Island handles the deduction and transmits the funds to BCBSRI's custodian UMB Bank, **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 the State's Anchor Choice plan which is an HSA-eligible high-deductible health plan (HDHP).
- I am not enrolled in any other health plan that is not a HDHP (this includes a general purpose health flexible spending account).
- I am not enrolled in Medicare (including Part A), TRICARE or TRICARE for Life.
- I am not claimed as a dependent on someone else's tax return.
- I have not received VA benefits within the past three months, except for preventive care (this exclusion does not apply if you are a veteran with a disability rating from the VA).
- 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 UMB Bank.
- I understand this deduction will continue for the duration of my employment or until I submit another *HSA Payroll Deduction Authorization Form* to have deductions stopped. I am required to take action to stop deductions when I cease participating in the State's Anchor Choice plan. I understand that this deduction request replaces any previous HSA payroll deduction.
- I hereby authorize the State of Rhode Island to recover from my HSA account any employee/State contributions that may be incorrectly contributed to my account due to an error in the determination of my HSA 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: _____

Submit this completed form to the Office of Employee Benefits.
Depending on when this form is submitted in the payroll cycle, it may take up to two paychecks before your election is reflected in your paycheck.