

FORM COMPLETION INSTRUCTIONS

1. Complete section A.
2. Review page 2.
3. Complete section B. Please indicate whether this is a new contribution (new hire/newly eligible) or if you are making a contribution change. Indicate the pre-tax amount you would like to contribute each month to your Health Savings Account. This is in addition to the University contribution to your Health Savings Account.
4. Sign and date and retain a copy.
5. Submit the completed and signed form to:

Division of Human Resources – Attn: Solutions
888 N. Euclid Avenue, Suite 114
P.O. Box 210158
Tucson, Arizona 85721-0158
(520) 621-3660
FAX: (520) 621-9098

SECTION A: EMPLOYEE IDENTIFICATION INFORMATION

Last Name, First Name, M.I.		<input type="checkbox"/> Male <input type="checkbox"/> Female	Empl ID Number: _____
Street Address		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership	Birth Date __/__/____
City, State, Zip Code	Work Phone ()	Home Phone ()	Hire/Eligibility Date __/__/____

SECTION B: EMPLOYEE VOLUNTARY CONTRIBUTION AMOUNT TO HEALTH SAVINGS ACCOUNT

(subject to contribution limits)

New contribution <input type="checkbox"/>		Contribution change <input type="checkbox"/>	
Contribution Amount : \$ _____ per month			
I do not wish to contribute: <input type="checkbox"/>			
FOR HR USE ONLY	DATE RECEIVED:	RECEIVED BY:	EFFECTIVE DATE:

DECLARATION FOR BENEFITS

- I authorize my employer to reduce my salary by applicable amounts I have elected in this form.
- I am aware that my contributions are ineligible as deductions for income tax purposes.
- I authorize the release of this information to my insurance carriers and employer.
- I understand that it is my responsibility to review IRS Publication 969 <http://www.irs.gov/pub/irs-pdf/p969.pdf> and consult a tax advisor for information about my specific situation.

By my signature below, I authorize Human Resources to enter form information into the benefits enrollment system, affirm that it is my responsibility to review my paycheck and immediately notify Human Resources of disparities.

Printed Name: _____ Signature: _____
 Empl ID Number: _____ Date: _____ Email address: _____

**Health Savings Account Maximum Contributions
2016 & 2017**

2016	Annual Maximum Contributions as determined by the IRS (includes Employee and Employer)		Monthly Maximum Contributions (annual maximum/12)		Employer Contributions	Maximum Employee Contributions under age 55 (Monthly Maximum minus Monthly Employer Contributions)	Maximum Employee Contributions age 55 and over (Monthly Maximum minus Monthly Employer Contributions)
	under age 55	age 55 and over	under age 55	age 55 and over			
Single	\$3,350.00	\$4,350.00	\$279.17	\$362.50	\$60.00	\$219.17	\$302.50
Family	\$6,750.00	\$7,750.00	\$562.50	\$645.83	\$120.00	\$442.50	\$525.83

2017	Annual Maximum Contributions as determined by the IRS (includes Employee and Employer)		Monthly Maximum Contributions (annual maximum/12)		Employer Contributions	Maximum Employee Contributions under age 55 (Monthly Maximum minus Monthly Employer Contributions)	Maximum Employee Contributions age 55 and over (Monthly Maximum minus Monthly Employer Contributions)
	under age 55	age 55 and over	under age 55	age 55 and over			
Single	\$3,400.00	\$4,400.00	\$283.34	\$366.67	\$60.00	\$223.34	\$306.67
Family	\$6,750.00	\$7,750.00	\$562.50	\$645.83	\$120.00	\$442.50	\$525.83

To be eligible to contribute to an HSA, **you cannot:** 1) be enrolled in Medicare, 2) be covered by any non-HSA-qualified health plan, or 3) be claimed as a dependent on another person's tax return.

Guidance is available from the US Treasury at <https://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx> and the IRS at <http://www.irs.gov/pub/irs-pdf/p969.pdf>. You are advised to consult with a tax advisor.