

**HEALTH SAVINGS ACCOUNT
Voluntary Contribution Designation**

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
888 N. Euclid Avenue, Suite 114
P.O. Box 210158
Tucson, Arizona 85721
(520) 621-3660
FAX: (520) 621-9098

SECTION A: EMPLOYEE IDENTIFICATION INFORMATION

Last Name, First Name, M.I.	Contact Phone	EmplID Number: _____
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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: _____

Date: _____ Email address: _____



**Health Savings Account Maximum Contributions
2017 & 2018**

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

Maximum Monthly Employee Contributions under age 55 (Monthly Maximum minus Monthly Employer Contributions)	Maximum Monthly Employee Contributions age 55 and over (Monthly Maximum minus Monthly Employer Contributions)
per month	per month
\$223.34	\$306.67
\$442.50	\$525.83

2018	Annual Maximum Contributions as determined by the IRS (includes Employee and Employer)		Monthly Maximum Contributions (annual maximum/12)		Employer Contributions
	under age 55	age 55 and over	under age 55	age 55 and over	per month
Single	\$3,450.00	\$4,450.00	\$287.50	\$370.83	\$60.00
Family	\$6,850.00	\$7,850.00	\$570.83	\$654.16	\$120.00

Maximum Monthly Employee Contributions under age 55 (Monthly Maximum minus Monthly Employer Contributions)	Maximum Monthly Employee Contributions age 55 and over (Monthly Maximum minus Monthly Employer Contributions)
per month	per month
\$227.50	\$310.83
\$450.83	\$534.16

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.

To contribute the annual maximum, you must be enrolled in the HSA plan for the entire calendar year OR meet the requirements of the "last month rule". Under the "last month rule" provision, you may contribute up to the maximum annual contribution for the year if enrolled in the HSA plan on December 1 and remain enrolled in the HSA plan for the entire following calendar year.

Guidance is available from the US Treasury at <http://www.treasury.gov/resource-center/tax-policy/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.**