

UTICA



COLLEGE

OFFICE OF HUMAN RESOURCE

VOLUNTARY SALARY REDUCTION – HEALTH SAVINGS ACCOUNT 2019

Please complete the Employee Information section and Health Savings Account information below. Complete only the desired section which you would like accomplished (Begin Payroll Deduction, change Payroll Deduction, or Cancel Payroll Deduction.) Once completed please return to the Office of Human Resources.

EMPLOYEE INFORMATION	
Name (Please Print)	Date
BEGIN PAYROLL DEDUCTION	
Effective Date	
Please DEDUCT \$ _____ each pay period from my paycheck to deposit into my Health Savings Account as written above.	
Signature: _____ Date: _____	
<p>* The maximum deduction allowed for 2019 for an Individual Account is \$2,060 (\$3,500 IRS limit - \$1,440 College Contribution)</p> <p>* The maximum deduction allowed for 2019 for an Family Account (employee plus dependents) is \$4,120 (\$7,000 IRS limit - \$2,880 College Contribution)</p> <p><i>If over age 55, a catch up contribution up to, but not exceeding \$1000 may be made.</i></p>	
CHANGE YOUR PAYROLL DEDUCTION	
Effective Date	
I would like to change my CURRENT Health Savings Account payroll deduction from \$ _____ per pay period to \$ _____ per pay period.	
Signature: _____ Date: _____	
CANCEL YOUR PAYROLL DEDUCTION	
Effective Date	
I would like to CANCEL my current Health Savings Account payroll deduction of \$ _____ per pay period until further notice.	
Signature: _____ Date: _____	
<p>Please return to: Utica College Office of Human Resources 1600 Burrstone Road Utica, NY 13502 Or fax to 315-792-3386</p>	