



PAYOUT DEFERRAL- HSA

Employee Name: _____ Last 4 digits of Social Security #: _____
(Please print clearly)

You have an option of having your Personal days and/or Longevity Bonus deposited into your established Health Savings Account (HSA) with Health Equity. If you wish to do so, please complete this form and return it to Human Resources before November 24, 2019. Please be aware that the 2019 limits for HSA are as follows:

Single - \$3,500
Double - \$7,000
Family - \$7,000

If you will be 55 years of age or older in 2019, you can contribute an additional \$1,000 to the amounts listed above.

I would like to have \$_____ of my **Longevity Bonus** for year ending **2019** deposited into my HSA.

AND/OR

I would like to have \$_____ of my **Personal Day Payout** for year ending **2019** deposited into my HSA.

Signed _____ Date _____