

# S.W. Rodgers Co., Inc. HSA Payroll Deduction Contribution Authorization Form

Only complete this form if you will be contributing to your Health Savings Account (HSA) through payroll deduction.

## Contribution Criteria

Your total annual contribution must NOT exceed the amount allowable by law. For 2012 the IRS single maximum limit is \$3,100 and the family maximum limit is \$6,250. Persons over age 55 are entitled to an additional annual catch-up contribution of \$1,000. All contributions (employer contributions, reward earnings, etc.) made into the account will be added together for the purpose of computing your total annual contribution. Please consult with your tax advisor to review your specific circumstances and determine your allowable HSA contribution. If you exceed your allowable annual contribution, you may be subject to income taxes and penalties.

## Authorization

Effective with my paycheck dated \_\_\_\_\_, I hereby authorize S.W. Rodgers Co., Inc. to deduct on a pre-tax basis (before Federal Income, State Income and FICA taxes are computed) weekly from my paycheck \$ \_\_\_\_\_ (round to the nearest whole dollar) and to deposit said deduction into my HSA account.

I also authorize my employer to initiate (if necessary) debit entries and adjustments for any credit entries in error to my HSA. This salary reduction election is subject to the terms and conditions of my employers' plan (including any restrictions on changing pre-tax elections if my employer's plan is a cafeteria plan).

\_\_\_\_\_  
Signature of payor

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\*\*\*\*\* OFFICE INFO USE ONLY \*\*\*\*\*

EMP# \_\_\_\_\_

\_\_\_ PR DED# 32 EMPLOYEE W/H      START DATE: \_\_\_\_\_      WKLY DED AMT: \$ \_\_\_\_\_

\_\_\_ HR BEN#665 EMPLOYER CONTRIB      START DATE: \_\_\_\_\_      OPTION# \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_      Checked by: \_\_\_\_\_ Date: \_\_\_\_\_