



GROUP 670 VOLUNTARY FORM Cal Year 2021

The High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

This form is voluntary. If you would like to contribute additional money into this account, a pre-tax deductible contribution will be taken out of your pay check in each of the 20 pay cycles determined at the beginning of the school year. PNC account **must be opened prior to submitting voluntary form.**

UNDERSTANDING YOUR MEDICAL PLAN

The High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

- Hamden Board of Education will contribute to your Health Savings account on or about July 1, 2021:

Individual	\$1,000 (50% of \$2,000) or
Family two or more	\$2,000 (50% of \$4,000).
- You can make additional pre-tax contributions or elect \$0.00 and only receive contributions from the BOE. No action necessary if you chose to elect \$0.00 additional.
- It is your responsibility to ensure you do not exceed the IRS contribution maximums (indicated below)

The maximum allowable annual pre-tax contributions for 2021 are:

	Maximum Allowable Contribution	Maximum Allowable Contribution less	Maximum Pre-Tax Contribution You can Elect per pay period
		Town Contribution	
	Contribution		

(20 Payroll Deductions)

Under age 55:

Employee Only	\$3,600	$\$3,600 - \$1,000 = \$2,600$	\$130.00
Employee plus one or more	\$7,200	$\$7,200 - \$2,000 = \$5,200$	\$260.00

Age 55 or older (Additional \$1,000 Contribution allowed):

Employee Only	\$4,600	$\$4,600 - \$1,000 = \$3,600$	\$180.00
Employee plus one or more	\$8,200	$\$8,200 - \$2,000 = \$6,200$	\$310.00

GROUP 670 - HSA VOLUNTARY FORM

Name **(Print)** _____

Effective Date: _____

The Employer agrees to forward the pre-tax deductible salary reduction amounts as soon as administratively possible in the amount shown below: (Employees should enter the per pay period amount below):

Payroll deductions will be by Direct Deposit into your PNC account.

_____ **PNC Account Number**
(NOT the debit card number. 12-digit # beginning with 601)

\$ _____ **per pay period**

This amount can only be changed two times per year.

EMPLOYEE AUTHORIZATION

I authorize Hamden Board of Education Payroll / Human Resources Benefits Administration to withhold my contributions for this HSA (Health Savings Account) from my pay on a pre-tax basis. By signing this form, I am requesting that payroll deductions begin as indicated and I agree to the terms as shown above. I understand there are maximum limits I can contribute to my HSA (Health Savings Account) per IRS rules and I may be liable for tax penalties if I exceed this contribution level.

Employee Signature: _____ Date: _____

This is a **VOLUNTARY** enrollment form.

For Payroll Department Information Only

Date Entered _____