

**2012 El Paso ISD / CHASE  
Health Savings Account (HSA)  
Authorization for Payroll Deduction/Change Form**

Name: Last \_\_\_\_\_ First \_\_\_\_\_

SS# : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is this a new HSA enrollment or a change to your current contribution? (Please check one):

**NEW** \_\_\_\_\_

**CHANGE** \_\_\_\_\_

Type of Coverage:

**Individual** \_\_\_\_\_

Annual Maximum (\$3,100)

\*Additional \$1,000 if over age 55

**Family** \_\_\_\_\_

Annual Maximum (\$6,250)

\*Additional \$1,000 if over age 55

**NOTE:** The HSA follows a Tax Year (January 1 - December 31) for the purposes of maximum contributions. EPISD does not oversee or manage the contribution maximum. It is the employee's responsibility to ensure that contributions for the 2012 Tax Year do not exceed the annual maximum based on individual circumstances and in accordance with the IRS rules governing a Health Savings Account.

**Each year, a new Payroll Deduction/Change Form will need to be completed.**

To be eligible to open an HSA, you must meet the following requirements:

- Must be covered under a qualified high-deductible health plan (HDHP). The following TRS-ActiveCare health plan options meet the IRS definition of a high deductible health plan:
  - TRS-AC1-HD for all coverage categories (Employee Only, Employee Spouse, Employee Children and Employee Family).
  - TRS-ActiveCare 1 meets the IRS definition of a high deductible health plan for Employee Only coverage.
- Cannot be enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return
- Cannot be covered under another health plan that is not HSA-qualified (with some exceptions, including vision coverage, dental coverage, accident and disability coverage, and employee assistance programs)

I hereby authorize El Paso Independent School District to (Check one):

DEDUCT the following amount \$ \_\_\_\_\_ from my pay check dated \_\_\_\_\_

I am requesting this deduction to be taken for # \_\_\_\_\_ pay periods for a total of \$ \_\_\_\_\_. **I understand that this deduction will be deducted from my pay on a semi-monthly basis and continue through December 31, 2012 or as indicated. Any requests for termination of this deduction must be made in writing.** I also affirm that I am eligible to participate in the HSA and If during any time become ineligible, I am responsible for terminating the deduction. **In January, HSA deductions will be set to zero.** A new Payroll Deduction/Change Form will need to be completed each new Tax Year.

STOP the HSA deduction on \_\_\_\_\_

Please submit the completed Form to Employee Benefits. Deductions will be entered on the following payroll cycle or as indicated.

I certify that I am eligible to establish an HSA and that the information I have provided is true and correct. I agree to comply with all laws and regulations governing HSA's and acknowledge that TRS-AC, EPISD or its affiliates and contractors shall not be liable for any tax or other consequences related to my establishment, funding, or use of the HSA.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Entered by

\_\_\_\_\_  
Date