



Fulton County Government Authorization for Payroll Deduction/Health Savings Account Contribution

This form is for you to authorize your employer to deduct money from your paychecks throughout 2024 and deposit it into your Health Savings Account (HSA) on a pretax basis. **To begin payroll deductions, you must be enrolled in the Anthem HSA Plan. If you are enrolled in the Anthem HMO Plan, the Anthem POS Plan, or the Kaiser HMO Plan, you cannot contribute to this account.** HSA payroll deductions continue through December 31, 2024. To make HSA contributions for the following plan year, you must make a new election. Money from your pay is deposited into your HSA account at Anthem Act Wise after each payroll run.

Return this form to employeebenefits@fultoncountyga.gov by the appropriate deadline. Please keep a copy for your records. Once your documentation is received and validated, your HSA will be opened, and you will receive a welcome communication. **Activate your debit card!** Be sure to activate your debit card within **2 pay cycles** to ensure your contributions are available when you need them.

I wish to: <input type="checkbox"/> Begin a deduction <input type="checkbox"/> Change my deduction <input type="checkbox"/> Stop my deduction		
Effective date: _____ (your payroll office can confirm the effective date)		
Section 1: Employee Information		
Name (last, first, middle initial): _____		Phone number: _____
Mailing address: _____		Date of birth: _____
Email address: _____		Age: _____
Employee ID: _____		
Section 2: 2024 Contributions to Your HSA		
	Individual HSA	Family HSA
Employer contribution	\$750	\$1,500
Maximum employee contribution*	\$3,400	\$6,800
IRS maximum (employer + employee contributions)*	\$4,150	\$8,300
*If you are age 55 or older in 2024, you can make an additional "catch-up" annual contribution of \$1,000. For example, if you are age 55 or older, the individual annual maximum contribution would be \$5,150. Your employer will contribute \$750. This means you can request up to \$4,400 in payroll deductions for the year.		
Section 3: How Your Employee HSA Contribution Will Be Calculated		
I elect to contribute \$ _____ annually to my Health Savings Account. This request replaces any previous payroll deduction requests for my HSA. [Write in the total annual contribution you want withheld from your paycheck for 2024. The per-paycheck amount will be determined by the Benefits Office by dividing the annual amount by 24 pay periods (or, for midyear enrollments, dividing by the number of pay periods remaining in the year). Please note: You risk paying IRS penalties if you exceed the allowed annual contribution. If this is a change, be sure to consider any amounts you have already contributed.]		
Section 4: Employee's Signature (Required)		
By signing this form, I am requesting that payroll deductions be started or changed as shown above in Section 3, and I agree to the preceding terms. I understand that, per IRS rules, there are maximum limits I can contribute to my HSA, and I may be liable for tax penalties if I exceed this amount.		
Employee's signature: _____		Date: _____
Benefits Office Use		
Annual contribution: \$ _____ (must match amount in Section 3)	Remaining 2024 paychecks: _____	Per-paycheck contribution: \$ _____