



2016 Employee Health Savings Account (HSA) Authorization

**For Employees enrolled in Connexsys Engineering Group
Kaiser Bronze Plan 60 HSA 4500/40% Deductible Health Insurance Only*

EMPLOYEE - Required Information

PLEASE PRINT

Employee Name: _____ Employee Number: _____

Social Security Number: _____ - _____ - _____

Complete for HEALTH SAVINGS ACCOUNT

I authorize ConneXsys Engineering to setup a payroll deduction and for this contribution to my Health Savings Account (HSA) to be deposited to the below account. I certify that this account is a valid Health Savings Account, and follows the guidelines as specified by the IRS.

HEALTH SAVINGS ACCOUNT INFORMATION

PLEASE PRINT

Bank Name: _____

Please continue to use to my current Health Savings Account on file.

Bank ABA #: _____

Account Number: _____

Attach to this form only a voided check, bank letter or specification sheet. (**No deposit slips.)*

* Please deduct Specific Dollar Amount \$ _____ .00 from **each paycheck** and deposit into my (above) HSA Account.

* Maximum Amount to be deposit for **2016** is \$ _____.
(IRS Maximum Annual HSA 2016 Contribution: \$3,350 for an Individual, \$6,750 for an Individual with Family coverage under a qualifying high deductible health plan. The 2015 Catch-up Contribution for an employee age 55 or older is an additional \$1,000 (total limit of \$4,350 for an individual and \$7,750 for an individual plus family).

Signature: _____ Date: _____

CHANGE / CANCELLATION OF HEALTH SAVINGS ACCOUNT (HSA)

I authorize ConneXsys Engineering to :

Please Cancel My HSA Contribution/deduction as of ____/____/_____.

Signature: _____ Date: _____

OFFICE USE ONLY

Received on: ____/____/_____ Received by: _____

Payroll Period Processed: _____