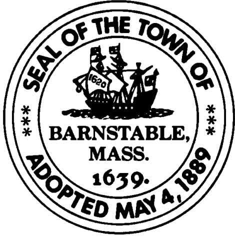

The Town of Barnstable

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William E. Cole
Director

2025 Employee Health Savings Account (HSA) Payroll Deduction Form

To be eligible to contribute to an HSA, you must meet the following criteria:

- Enrolled in a high deductible health plan
- Have no other health coverage including Medicare
- Not be claimed as a dependent on someone else's tax return
- Not be enrolled in a full scope health Flexible Spending Account (FSA), including through a spouse's plan,

2025 Annual HSA Contribution Limits

Self-only coverage: $4,300 less $1,000 employer funding = $3,300 maximum payroll contribution
Family coverage: $8,550 less $2,000 employer funding = $6,550 maximum payroll contribution
Age 55+ catch-up: $1,000 additional payroll contribution per year

Please complete the following and return to Human Resources:

❑ I do not wish to contribute $$ to my Health Savings Account at this time.
❑ I currently have access to funds in a Flexible Spending Account and am not eligible to contribute $$ to my Health Savings Account at this time.
❑ I wish to begin contributions to my Health Savings Account on the first eligible pay date.
❑ I wish to change the amount of my contribution to my Health Savings Account.

To calculate your paycheck deduction, determine the annual amount you would like to contribute to your HSA, not to exceed the maximum amount described above. Divide your annual contribution amount by the number of pay periods left in the calendar year.

Paycheck Deduction Calculator

Total Annual Contribution	Number of Pay Periods Remaining in **Calendar** Year	Deduction per Paycheck

Employee Information and Authorization

Employee Name: ____Employee #: ________

Please withhold $_________ from my ❑ weekly ❑12-month bi-weekly ❑10-month biweekly ❑monthly payroll and apply the funds to my HealthEquity HSA.

I understand that my HSA enrollment and Blue Cross or Harvard Pilgrim claim information will be shared with HealthEquity for the purpose of administering and coordinating payments under my health savings account.

____ _______________
Signature **Date**

Revised 11/24