



Illinois Eastern Community Colleges

HEALTH SAVINGS ACCOUNT
PAYROLL DEDUCTION FORM - 2024

Use this form to authorize deductions from your paycheck to be automatically contributed to your Health Savings Account. After completing, make a copy for your records and submit the original to Human Resources. If you have any questions about this form, please contact Human Resources.

Employee Name
Generated ID Number
Email Address

Establish Payroll Deduction for First Time (Indicate amount below)
Change Payroll Deduction Amount - Effective (Indicate amount below)
Stop Payroll Deduction - Effective

PAYROLL DEDUCTION AMOUNT
I request the following dollar amount be deducted from my pay each payroll period.
\$ Per Paycheck

Table with 3 columns: 2024 HSA Contribution Limits, Under Age 55, Over Age 55. Rows include Single coverage and Family coverage (Includes Child(ren) and/or Spouse coverage).

I understand the eligibility requirements for the HSA deposit and affirm I qualify to make the deposit.

I assume complete responsibility for:

- 1. Determining that I am eligible for an HSA when I make a contribution;
2. Insuring that all contributions I make are within the limits set forth by the tax laws; and
3. The tax consequences of any contribution (including rollover or transfer contributions) and distributions.

Note: It is always recommended to consult your tax advisor with any HSA-related questions.

Employee Signature (HSA Owner) Date

Received by IECC HR Department Date

For HR Use Only

Copy sent to Payroll Update Employee Navigator