



PAYOUT DEFERRAL- HSA

Employee Name: _____ Last 4 digits of Social Security #: _____
(Please print clearly)

You have an option of having your Personal days and/or Longevity Bonus deposited into your established Health Savings Account (HSA) with Health Equity. If you wish to do so, please complete this form and return it to Human Resources before ~~November 16, 2020~~. Please be aware that the 2020 limits for HSA are as follows:

Single - \$3,550
Double - \$7,100
Family - \$7,100

If you will be 55 years of age or older in 2020, you can contribute an additional \$1,000 to the amounts listed above.

I would like to have \$_____ of my **Longevity Bonus** for year ending **2020** deposited into my HSA.

AND/OR

I would like to have \$_____ of my **Personal Day Payout** for year ending **2020** deposited into my HSA.

Signed _____ Date _____