Benefit Options
Choice Value Health

State of Arizona
HSA Payroll Deduction Authorization
2012
JPMorgan Chase

Please Print or Type

Name (Last, First, MI)	Phone Number
Street Address	Employee ID Number
City, State, Zip	Date of Birth
Agency	Date of Hire

MAXIMUM HSA CONTRIBUTION

Every year the Internal Revenue Service (IRS) sets maximum contribution limits for health savings accounts (HSAs). Failure to observe these limits may result in tax penalties. JPMorgan Chase is required to report HSA contribution information to the IRS. There are other contribution schemes but the maximum per payday will generally prevent an account holder from over contributing to his/her HSA.

TIER	MAXIMUM PER YEAR		MAXIMUM PER PAYDAY* (EXCLUDES STATE'S CONTRIBUTION)	
	2011	2012	2011	2012
Employee only	$3,050	$3,100	$106	$91
Employee+Adult	$6,150	$6,250	$215	$184
Employee+Child	$6,150	$6,250	$215	$184
Family	$6,150	$6,250	$215	$184

*Based on 24 pays per year

TIER	
☐ Employee only ☐ Employee+Adult ☐ Employee+Child ☐ Family	I elect a bi-weekly contribution of $_____ Payroll deductions are taken pre-tax. The deductions will only be taken on the first and second pay of each month. This authorization will remain in effect until a new authorization is received.
	Effective date: Pay period beginning _____ (mm/dd/yyyy) End date: Pay period ending _____ (mm/dd/yyyy)

I am enrolled in the State of Arizona's HSA Option and have no other medical coverage. I am eligible to open and contribute to a health savings account.

I hereby request and authorize the State of Arizona to deduct from my pay the above-identified deduction and to forward it to my health savings account with JPMorgan Chase. I understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as my dependents. I also understand that using my HSA funds for expenses other than those deemed qualified may subject me to tax penalties.

Employee's signature _____ **Date** _____