Benefit Options
Choice Value Health

# State of Arizona
## HSA Payroll Deduction Authorization
2013
PayFlex

**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. PayFlex 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 | 2013 |
|---|---|
| Employee only | $3,250 |
| Employee+Adult | $6,450 |
| Employee+Child | $6,450 |
| Family | $6,450 |

| (EXCLUDES STATE'S CONTRIBUTION) | 2013 |
|---|---|
| | $105 |
| | $208 |
| | $208 |
| | $208 |

*Based on 24 pays per year

| TIER | I elect a bi-weekly contribution of $_____ |
|---|---|
| ☐ Employee only<br>☐ Employee+Adult<br>☐ Employee+Child<br>☐ Family | 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.<br>Effective date: Pay period beginning _____ (mm/dd/yyyy)<br>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 PayFlex. 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** _____