NEVADA COUNTY SUPERINTENDENT OF SCHOOLS

HSA Salary Reduction Form

2016 Employee - Payroll Contribution Adjustment

Last Name _____ First Name _____

Effective Date _____

Insurance Plan: **Health Net High Deductible PPO**

Contribution Calculator		**Calculation Date:**	
Type of Plan:	**Single Plan**		**Family Plan**
(A) Total Allowable Contribution (1)	$3,350.00		$6,750.00
(B) Allowable Catch Up Contribution (2):			
(A+B) Total Annual Allowable Contribution	$3,350.00	**E**	$6,750.00
(C) NCSOS Contribution: (one time only)			
(D) Total Contribution Made to Date in 2016:			
(C+D) Total 2016 Contribution to Date	$0.00	**F**	$0.00
(E-F) Available Allowable Contribution for 2016	$3,350.00		$6,750.00
Months remaining in HSA Calendar Year	12		12
Monthly Contribution for remaining months	$279.17	**G**	$562.50
Authorized Deduction per month		**H**	

This is the amount you wish to contribute each month from your paycheck

(1) Total Annual Contribution is capped at the IRS maximum of $3350/single and $6750/family

(2) A Catch-Up Contribution of up to $1000 during the 2016 calendar year is allowed for subscribers who are 55-64 years of age

(3) Total Contribution Made to Date in 2016 includes ALL HSA plans, not just NCSOS

(4) Payroll requires up to 30 days to implement changes

I do hereby authorize Nevada County Superintendent of Schools to deduct the stated amount (H) from my pay warrant and deposit it into the custodial account with Wells Fargo Bank.

Employee Signature _____ Date: _____

NCSOS Approval _____ Date: _____