

**City of Newport News
Health Savings Account
Salary Adjustment Affidavit
January 1, 2019 – December 31, 2019**

New Enrollment

Change Deduction

Stop Deduction

I, _____ (Name), SSN/ID# _____

Department: _____ Daytime Phone# _____

Elect to participate in the Health Savings Plan (HSA) that is associated with the Anthem Lumenos High Deductible Health Plan (HDHP). I understand that these pre-tax deductions will be deposited in my HSA on a monthly basis that I have been set up with Health Savings Administrators.

I authorize the City of Newport News to reduce my gross compensation **per pay period** by \$_____. This deduction request replaces any previous deduction requests for the HSA payroll deduction. I understand that this election can only be changed no more than one time per month.

Please note the following:

- The 2019 annual maximum contribution is \$3,500 for Employee Only and \$7,000 for All Other.
- Additional \$1,000 can be added to limit for age 55 or older (Catch-Up Provision) by December 31st.
- You must be enrolled in the Lumenos HDHP by the first of the month to establish this HSA.
- You cannot also be enrolled in other health coverage that is not a HDHP; including but not limited to a Flexible Spending Plan, a Spouse's Health Plan, Medicare or Tricare.
- You may not be claimed as a dependent on another person's tax return.
- You cannot have used the VA facility for medical treatment 90 days prior to opening an account.
- For more information, refer to the IRS Publication 2004-2 & 2004-50 to verify your eligibility for an HSA.

Payroll Deduction Authorization: I hereby authorize a payroll deduction to be established or modified as indicated above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA for myself or my family per IRS rules and I may be liable for tax penalties if I exceed this amount.

Signature

Date

Waiver of Payroll Deduction: I **DO NOT** wish to enroll in the HSA through payroll deduction.

Signature

Date