2019 Health Savings Account Voluntary Contributions

Name _____

Department _____

If new enrollment
Date of Enrollment _____

If previously enrolled
Date of Contribution Change _____

Amount to be deducted per pay period _____

Bi-Weekly _____ x 26 = _____
Weekly _____ x 52 = _____

_____ _____
Employee Signature Date

_____ _____
Human Resources Staff Date

For office use:

Routing Number: _____ Account Number: _____

The 2019 * maximum contribution for Individual Coverage	$3,500.00
The 2019 * maximum contribution for Family Coverage	$7,000.00

***Maximum includes amount of City contribution, which is $800.00 in FY18/19. Subject to change each fiscal year.**