



HEALTH SAVINGS ACCOUNT VOLUNTARY CONTRIBUTION DESIGNATION

FORM COMPLETION INSTRUCTIONS

1. Complete section A.
2. Complete section B. Please indicate whether this is a new contribution (new hire/newly eligible) or if you are making a contribution change. Indicate the pre-tax amount you would like to contribute each month to your Health Savings Account. This is in addition to the University contribution to your Health Savings Account.
3. Sign and date and retain a copy.
4. Submit the completed and signed form to:

Human Resources – Attn: Benefits
888 N. Euclid Avenue, Suite 114
P.O. Box 210158
Tucson, Arizona 85721
(520) 621-3662, option 3
FAX: (520) 626-4749

SECTION A: EMPLOYEE IDENTIFICATION INFORMATION

Last Name, First Name, M.I.		<input type="checkbox"/> Male <input type="checkbox"/> Female	EmplID Number: _____
Street Address		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership	Birth Date __/__/____
City, State, Zip Code	Work Phone ()	Home Phone ()	Hire/Eligibility Date __/__/____
FOR HR USE ONLY	DATE RECEIVED:	RECEIVED BY:	EFFECTIVE DATE:

SECTION B: EMPLOYEE VOLUNTARY CONTRIBUTION AMOUNT TO HEALTH SAVINGS ACCOUNT (subject to contribution limits)

New contribution <input type="checkbox"/>	Contribution change <input type="checkbox"/>
Contribution Amount : \$ _____ per month	
I do not wish to contribute: <input type="checkbox"/>	

DECLARATION FOR BENEFITS

- I authorize my employer to reduce my salary by applicable amounts I have elected in this form.
- I am aware that my contributions are ineligible as deductions for income tax purposes.
- I authorize the release of this information to my insurance carriers and employer.

By my signature below, I authorize Human Resources to enter form information into the benefits enrollment system, affirm that it is my responsibility to review my paycheck and will immediately notify Human Resources of disparities.

Printed Name: _____ Signature: _____

EmplID Number: _____ Date: _____ Email address: _____

Health Savings Account Maximum Contributions 2011 & 2012

2011

	Annual Maximum Contributions (includes Employee and Employer)		Monthly Maximum Contributions (annual maximum/12)		Employer Contributions per month		Maximum Employee Contributions under age 55 (Monthly Maximum minus Employer Contributions)	Maximum Employee Contributions age 55 and over (Monthly Maximum minus Employer Contributions)
	under age 55	age 55 and over	under age 55	age 55 and over			per month	per month
Single	\$3,050.00	\$4,050.00	\$254.16	\$337.50	\$42.00		\$212.16	\$295.50
Family	\$6,150.00	\$7,150.00	\$512.50	\$595.83	\$83.00		\$429.50	\$512.83

2012

	Annual Maximum Contributions (includes Employee and Employer)		Monthly Maximum Contributions (annual maximum/12)		Employer Contributions per month		Maximum Employee Contributions under age 55 (Monthly Maximum minus Monthly Employer Contributions)	Maximum Employee Contributions age 55 and over (Monthly Maximum minus Monthly Employer Contributions)
	under age 55	age 55 and over	under age 55	age 55 and over			per month	per month
Single	\$3,100.00	\$4,100.00	\$258.33	\$341.66	\$60.00		\$198.33	\$281.66
Family	\$6,250.00	\$7,250.00	\$520.83	\$604.16	\$120.00		\$400.83	\$484.16

Maximum contribution amounts include Employer and Employee contributions to the Health Savings Account.

Guidance available from US Treasury at <http://www.treasury.gov/resource-center/tax-policy/Pages/Health-Savings-Accounts.aspx>.