

**Warren Wilson College  
Health Savings Account Deduction Authorization  
2021 Employee HSA Contributions**

I, \_\_\_\_\_ authorize WWC to deduct \_\_\_\_\_ from my monthly paycheck on a pre-taxable basis and deposit into my Health Savings Account. I realize that my contributions may not exceed the maximums as outlined by the IRS, listed below.

This Agreement is legally binding and irrevocable while this Authorization is in effect. In addition, an employee may change this agreement at any time throughout the year. Any changes will take effect the first of the month following the date of completion of the Authorization. The employee may terminate this Authorization as of the end of the month by giving at least thirty days written notice.

The complete Rules governing the HDHP and HSA may be found in the College's Section 125 Plan.

Employee's Name: \_\_\_\_\_

Social Security Number: xxx-xx-\_\_\_\_\_

Name of Bank or Financial Institution: \_\_\_\_\_

**Complete this Section for Direct Deposit into your Health Savings Account**

ABA Routing Number: \_\_\_\_\_

Health Savings Account Number: \_\_\_\_\_

Attach a Voided Check, Deposit Slip, or an Official Bank Form providing account number and the bank routing number.

*\* Please note that if the direct deposit transmittal fails due to incorrect information, Warren Wilson College can only provide a replacement payment AFTER a refund from the bank or financial institution has been received.*

<b>2021 Plan Deductibles</b>	<b>2021 HSA Maximum Contributions</b>
<i>Employee Only Coverage, \$2,000</i>	Employee Maximum \$3,600
<i>Family Coverage, \$4,000</i>	Family Maximum \$7,200

*\* Please note that if you are 55 years or older at any time during the calendar year, your contribution amount listed above is increased by \$1,000.*

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_