

# HSA PAYROLL DEDUCTION FORM

Completion of this form authorizes the State of South Dakota to make a payroll deduction and transfer the funds into your Health Savings Account at Discovery Benefits. Your contribution will be sent directly to Discovery Benefits with proof of contribution appearing on your Discovery Benefits statement. Enrollment in the High Deductible Health Plan and Discovery Benefit HSA are required to process the payroll deduction.

## AUTHORIZATION FOR PAYROLL DEDUCTION

**I AUTHORIZE THE STATE OF SOUTH DAKOTA TO MAKE A PAYROLL DEDUCTION FROM MY PAYCHECK TO MY DISCOVERY BENEFITS HSA.**

### Employee Information:

(Employee Name - Please Print)

(Daytime Phone #)

(Street / PO Box)

(City)

(State)

(Zip Code +4)

(Employee Health Plan ID, Central Government Employee #, or SSN)

Pre-Tax Payroll Deduction Amount Per Pay Period: \_\_\_\_\_

Until further notice

One time only

### **Calendar Year Contribution Limit**

**2019**

**2020**

Single Coverage: \$3,500

Single Coverage: \$3,550

Family Coverage: \$7,000

Family Coverage: \$7,100

I UNDERSTAND THIS ELECTION AMOUNT WILL REMAIN IN FORCE UNTIL I CHANGE OR END IT BY COMPLETING A NEW FORM. I FURTHER UNDERSTAND IT IS MY RESPONSIBILITY TO MONITOR MY HSA AND UNDERSTAND THE CALENDAR YEAR LIMITS SET BY THE IRS.

(Employee Signature)

(Date)

**\*Pre-tax payroll deduction occurs the first payroll cycle after we receive the completed form.**

Please return the form to:

Email: [benefitswebsite@state.sd.us](mailto:benefitswebsite@state.sd.us)

Fax: 605.773.6840

Or

Mail to: Bureau of Human Resources

Benefits Program

500 E Capitol Ave.

Pierre, SD 57501