

## Portland Community College HSA Payroll Contribution Form

Last Name, First Name _____				G Number _____	
Address _____		City _____	St _____	Zip _____	
Phone Number _____		<input type="checkbox"/> New Enrollee  <input type="checkbox"/> Renewal Enrollment	<b>OFFICE USE ONLY</b>  Effective Date _____  ECLS _____		
PCC email address _____					

### HSA ACCOUNT – THIS BENEFIT IS SUPPORTED BY OPTUM

I request the following amount to be deducted from my paycheck:

Benefit	Contribution Limits 2025*	Tier of Coverage	Payroll Cycle	Paycheck Deduction
<b>HSA</b>	\$4,300 Self Only \$8,550 Family	<input type="checkbox"/> Self Only <input type="checkbox"/> Family	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly	\$ _____ <b>per paycheck</b>

\*For primary account holders age 55 and older, the HSA contribution limit is increased by \$1,000 per calendar year.

### PREMIUM AGREEMENT FOR HEALTH SAVINGS ACCOUNT

I agree to have Portland Community College deduct pre-tax payroll contributions to fund my Health Savings Account with Optum. I understand that Optum will deduct a monthly administrative fee from my HSA account. If my employment is terminated, Optum will continue to assess a monthly administrative fee.

I hereby certify the above information to be correct and true to the best of my knowledge. My signature on this form certifies that I have received and read the materials explaining the Health Savings Account program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to the Benefits at [Benefits-group@pcc.edu](mailto:Benefits-group@pcc.edu).