

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"/> Change	OFFICE USE ONLY	
PCC email address		Effective Date _____ ECLS _____	

HSA ACCOUNT – THIS BENEFIT IS SUPPORTED BY OPTUM

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

Benefit	Contribution Limits Calendar Year 2020*	Tier of Coverage	Payroll Cycle	Paycheck Deduction
HSA	\$3,550 Self Only \$7,100 Family	<input type="checkbox"/> Self Only <input type="checkbox"/> Family	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly	\$ _____ per paycheck

*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 Human Resources – Benefits at DC 321 or fax 971-722-5604.