



## 2018 Calendar Year Payroll Deduction Form

### Health Savings Account (HSA) with Bank of NY Mellon

#### Instructions

Because you have enrolled in the High Deductible Medical Plan, you are allowed to make pre-tax contributions to a HSA. You have received a base contribution from YU because you enrolled in the plan, and if you took the wellness pledge you may have received an additional contribution as well.

- This form allows you to elect voluntary HSA pre-tax contributions to be deducted from your pay.
- **2018 calendar year IRS pre-tax limits: single coverage \$3,450, family coverage: \$6,850 (less the YU contribution you receive)**

*Note - An additional \$1,000 catch-up pre-tax contribution is allowed for age 55 and over*

- **Please submit your completed form to the University Benefits Office, Wilf Campus, fax no. 212-960-0034.**

#### Account Holder Information

Last Name		First Name		MI
Birth date (MM/DD/YYYY)	Work Location		Daytime Telephone	
Street Address:				
City	State	Zip Code		

#### Payroll Deduction

**Periodic Deduction:** I wish to authorize payroll deductions each pay period in the amount of \$\_\_\_\_\_

*Beginning with your effective date of coverage, please indicate your 2018 annual goal amount based on the single or family coverage pre-tax limits.* Annual Goal Amount \$\_\_\_\_\_

I wish to cancel my payroll deductions    **Signature:** \_\_\_\_\_

**These changes will be effective with the next applicable pay period after the Benefits Department receives and processes your form.**

#### Authorization

I hereby authorize YU to deduct the above elected amount from my pay for deposit into my HSA account with Bank of NY Mellon. If I have authorized payroll deductions, I may change or terminate my deductions at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed