



2010/2011 HSA PAYROLL CONTRIBUTIONS
(Authorization Form)

CONTRIBUTION CRITERIA:

Healthcare Savings Account (HSA) contributions may be deducted on either a pre-tax or post-tax basis depending on Wilberforce University plan design. Post-tax contributions can normally be claimed as an above-the-line deduction on your annual tax return. Determine how much to deduct from your paycheck based on the number of pay periods remaining in the year at the time of your employment. Wilberforce University will also make contributions to your HSA on a monthly basis. Employer contributions will be pro-rated based on the employee's HSA eligibility status.

Total HSA annual contributions (employee and employer) CANNOT exceed the amount allowable by law. Consult with your tax advisor to review your specific circumstances and determine your allowable HSA contribution. If you exceed your allowable annual contribution, you may be subject to IRS tax penalty.

2010/2011 ANNUAL MAXIMUM CONTRIBUTIONS:

Maximum contributions are monitored on a calendar year basis. The indexed amount is:

Self-Only Coverage:	\$3,050
Family Coverage:	\$6,150
Catch Up if Aged 55 or Older: (By End of Tax Year)	\$1,000

Important Notes:

1. It is your responsibility to ensure that you are eligible to contribute to an HSA.
2. It is your responsibility to ensure that you do not contribute more than your allowable limit.
3. The annual HSA contribution limit is reduced by any contributions made to another HSA.

EMPLOYEE AUTHORIZATION:

I am eligible to contribute to an HSA during the Plan Year and I authorize Wilberforce University to deduct my annual contribution from my pay on a pre-tax basis.

Employer Wilberforce University Annual Contribution: Employee: \$110 monthly/\$1,320 Annually
Employee+Spouse & Employee+child(ren):\$210monthly/\$2,520
Annually: Family \$260 monthly/\$3,120 annually

Employee Annual Contribution: \$ _____

TOTAL ANNUAL CONTRIBUTION: \$ _____
(Total including Wilberforce and Employee annual contribution)

Employee Payroll Deduction Method: Divide Per Pay One Time Deduction Other: _____

Effective Date of Deduction: Next Pay Period Other: _____

Employee Name (Please Print):

Employee Signature:

Date: