

2025



The University of Tennessee
Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to have money withheld from your paychecks and deposited into your health savings account (HSA) on a pre-tax basis.

You must be enrolled in a consumer-driven health plan (CDHP) with a HSA before you can start a payroll deduction.

I wish to: [] Begin a deduction [] Change my deduction [] Stop my deduction Effective date _____
Section 1: Employee Information
Name _____ Personnel Number _____
(Last, First, Middle initial) Work phone number _____
Section 2: Calculate Your Maximum HSA Contribution
Use the worksheet below to determine how much you can contribute to your HSA in 2025.
Select your enrollment status
Individual HSA Family HSA
A. Maximum amount that can be put in your HSA for 2025 \$4,300 \$8,550
B. Are you age 55 or older? No, write \$0. Yes, write \$1,000 + +
C. How much your employer will contribute in 2025 - \$ 500- - \$1,000-
D. A + B - C = = =
The most you can contribute in 2025
If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a mid-year change, be sure to include any amounts you have already contributed in 2025.
Section 3: Calculate Your Per-Paycheck HSA Contribution
Continue the worksheet to determine how much you will contribute to your HSA per paycheck.
Individual HSA Family HSA
Total from D. \$ _____ Total from D. \$ _____
E. Number of paychecks remaining in 2025 _____ (if paid biweekly max is 26)
F. D + E = \$ _____ This is the most you can contribute per paycheck (You can preload and use more but you must complete a second form stopping the larger contribution)
Amount you elect to contribute to your HSA per paycheck \$ _____ Can be any amount up to or less than F
Instead of a year long payroll deduction you also have the option to "front load" your HSA account and then stop deductions after you reach the IRS max. (ex:elect four (4), \$1,037.50 deductions during the beginning of the year and then stop the deduction.)
By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.
This request replaces any previous payroll deduction requests for my HSA.
Employee's signature Date

Return this form to 505 Summer Place - 907 UT Tower • Knoxville, Tennessee 37902 • (865) 974-5251 • utinsurance@tennessee.edu Keep a copy for your records.