



**HSA PAYROLL DEDUCTION
AUTHORIZATION
2011 JPMorgan Chase**

PLEASE PRINT OR TYPE

NAME (LAST, FIRST, MI)	PHONE NUMBER	EMAIL
STREET ADDRESS	EMPLOYEE ID(10 DIGIT)	DATE OF HIRE
CITY, STATE, ZIP	DATE OF BIRTH	

MAXIMUM HSA CONTRIBUTION

Every year the Internal Revenue Service (IRS) sets maximum contribution limits for Health Savings Accounts (HSAs). Failure to observe these limits may result in individual tax penalties. JPMorgan Chase is required to report HSA contribution information to the IRS. There are other contribution schemes but the maximum per pay day will generally prevent an account holder from over contributing to his/her HSA.

TIER	MAXIMUM PER YEAR – 2011*	MAXIMUM PER PAY PERIOD – 2011*
Employee only	\$3,050	\$97.92
Employee + Adult	\$6,150	\$198.23
Employee + Child	\$6,150	\$198.23
Family	\$6,150	\$198.23

*If you are 55 or older you may be eligible to contribute an additional \$1,000 per calendar year. You may wish to contact the IRS or your tax advisor for additional guidance.

<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Adult <input type="checkbox"/> Employee + Child <input type="checkbox"/> Family	<p>I elect a per pay-period contribution of \$_____. Payroll deductions are taken on a pre-tax basis. Any change to an existing Payroll Deduction will be effective no sooner than the first day of the pay period following receipt of a signed authorization form. This authorization will remain in effect until a new authorization is received.</p> <p>Effective date: Pay period beginning _____ <small>(mm/dd/yyyy)</small></p> <p>End date: Pay period ending _____ <small>(mm/dd/yyyy)</small></p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

I affirm that I am enrolled in the State of Arizona's HSA Option, have no other medical coverage, and am not participating in a Health Care Flexible Spending Account. I am eligible to open and contribute to a health savings account.

I hereby request and authorize Arizona State University to deduct from my pay the above-identified deduction and to forward it to my health savings account with JPMorgan Chase. I understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as my dependents. I also understand that using my HSA funds for expenses other than those deemed qualified may subject me to tax penalties.

Employee's Signature: _____ Date: _____

Fax form to OHR – Benefits Design & Management at 480-993-0007