

# Hancock County Government

## Health Savings Account (HSA) Direct Deposit Form

### For Calendar Year 2021

Employee Name: \_\_\_\_\_

Account Holder: \_\_\_\_\_  
If different from the employee

Account Holders Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Per Pay Deduction to the HSA Account: \$ \_\_\_\_\_ (Employee Contribution)

The annual Limits for 2021 are \$3,600 for single and \$7,200 for family coverages.  
You need to include the amount Hancock County contributes in these limits. An individual, who has reached the age of 55 by the end of the calendar year may contribute an additional \$1,000 per year as a catch-up contribution.

I am electing to have my HSA Account through Maestro Health  Yes  No

If not electing to use Maestro Health, please complete the information below.

Name of Financial Institution: \_\_\_\_\_

Phone Number of Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

If not electing to use Maestro Health HSA please confirm that the account listed above is a Health Savings Account:

I am confirming that account listed above is a Health Savings Account

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Holder Signature (if different than employee)

\_\_\_\_\_  
Date