

Hancock County Government
Health Savings Account (HSA) Direct Deposit Form
Effective: January 1, 2019

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 2019 are \$3,500 for single and \$7,000 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.

Name of Financial Institution: _____

Address of Financial Institution: _____
Street Address

City State Zip Code

Phone Number of Financial Institution: _____

Account Number: _____

Routing Number: _____

Please confirm that the account listed above is a Health Savings Account:

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

Employee Signature

Date

Account Holder Signature (if different than employee)

Date