



KLAMATH COUNTY

HSA Employee Contribution Authorization

I _____ am an employee of Klamath County. I am electing to participate in the Health Savings Account offered under Klamath County's group insurance.

At this time, I hereby wish to contribute \$ _____ per pay period to my HSA account. I am of the understanding that this additional amount will be payroll deducted.

To change and/or revoke the amount of this payroll deduction, you must complete a new authorization form and submit it to the Human Resources Department.

I authorize Klamath County to reduce my pay on a pre-tax basis for the amount indicated above. I understand that Klamath County is not responsible for monitoring my maximum annual HSA contributions, my eligibility to contribute to this account, or the eligibility of any medical expenses reimbursed by this account.

Employee Signature: _____ Date: _____

HSA Maximum Annual Contributions for 2021:

Single: \$3,600

Family: \$7,200

HSA Catch-up contributions (age 55 or older): additional \$1,000

INTERNAL USE ONLY

HR: _____ Payroll: _____

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