



## 2025 Employee Authorization for Payroll Deduction to Health Savings Account

Return this form to AD 165 or e-mail completed form to  
hrservicecenter@memphis.edu. Keep a copy for your records.

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

I wish to: <input type="checkbox"/> Begin a deduction <input type="checkbox"/> Change my deduction <input type="checkbox"/> Stop my deduction            Effective date _____ <div style="text-align: right;"><i>Your payroll office can confirm the effective date.</i></div>		
Section 1: Employee Information		
Name _____ (Last, First, Middle initial) Mailing address _____ City/State/ZIP _____	Employee ID _____ Work phone number _____ Agency name _____	
Section 2: Calculate Your Maximum HSA Contribution <i>Use the worksheet below to determine how much you can contribute to your HSA in 2025.</i>		
	Select your enrollment status	
	<b>Individual HSA</b>	<b>Family HSA</b>
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		
D. A + B - C = <i>The <b>most</b> you can contribute in 2025</i>		
If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a midyear change, be sure to include any amounts you have already contributed in 2025.		
Section 3: Calculate Your Per-Paycheck HSA Contribution <i>Continue the worksheet to determine how much you will contribute to your HSA per paycheck.</i>		
<b>Individual HSA</b>	<b>Family HSA</b>	
Total from D.                                   \$ _____	Total from D.                                   \$ _____	
E. Number of paychecks you will receive in 2025	E. Number of paychecks you will receive in 2025	
F. D ÷ E = <i>This is the <b>most</b> you can contribute per paycheck</i> \$ _____	F. D ÷ E = <i>This is the <b>most</b> you can contribute per paycheck</i> \$ _____	
Amount you elect to contribute to your HSA per paycheck <i>Can be any amount up to or less than F</i> \$ _____	Amount you elect to contribute to your HSA per paycheck <i>Can be any amount up to or less than F</i> \$ _____	
Employee's Signature Required		
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. <b>This request replaces any previous payroll deduction requests for my HSA.</b>		
Employee's signature	Date	
HR Office Use		
Employee's annual contribution	Number of paychecks remaining for 2025	Employee's contribution per paycheck
\$ _____		\$ _____