ACS/Mellon Payroll Deduction Form
2011 Calendar Year

A new HSA Payroll Deduction Form must be submitted for each Calendar Year

Employee Name	**Ball State ID #**
☐New Account ☐**Deduction Change** ☐**Stop Deduction**	
Email	**Phone**
IRS Maximum Contribution for 2011: • **Single Coverage = $3,050** • **Family Coverage = $6,150** • **Catch-up Contribution = $1,000**	**Level of Medical Coverage:** ☐ **Single** ☐ **Employee + Children** ☐ **Family**
Contribution Details: *In calculating your annual contribution, be aware of the amount that the University may be contributing on your behalf. These funds are applied towards the limit. Be sure that both contributions (Employee and Employer) do not exceed the annual IRS limit.*	
ACS/Mellon HSA Solution Account#	**Date to Begin Deduction**:**
Employee Contribution Amount Per Pay: **$**	**2011 Calendar Year Employee Contribution Goal:** **$**

Please note that if your HSA Qualified coverage is effective on the 1st day of the month, you can establish your HSA and/or begin contributions as early as the first day of the same month; however, if your HSA Qualified coverage is effective any day other than the 1st day of the month, you cannot establish your HSA and/or begin contributions until the 1st day of the following month. If you had a General Purpose Flexible Spending Account (FSA) during the preceding Plan Year, it must have a **zero balance as of June 30th in order for you to establish your HSA and/or begin contributions on July 1st. If your General Purpose FSA has a balance, then you must wait until the 1st of the month following the end of the plan's grace period to establish your HSA and/or begin contributions. The grace period for the FSA plan ends on September 15th, so October 1st is the earliest date you could establish your HSA and/or begin contributions.

By signing below I am authorizing Ball State University to make payroll deductions in the amount specified above. This amount will be applied as a contribution to my HSA account under the University's medical insurance HSA plan. I will inform the University in writing when I wish to alter or terminate this authorization. I also agree that the University may stop this deduction if it determines that I am no longer eligible to make these contributions.

This form must be returned to the Payroll and Employee Benefits Office at least 10 business days prior to pay distribution date to process HSA deduction.

Employee Signature	**Date**

BALL STATE UNIVERSITY.