



State of New Jersey • Division of Pensions & Benefits (NJDPB)
 State Health Benefits Program (SHBP) • School Employees' Health Benefits Program (SEHBP)
HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION FORM
For State Centralized Payroll Employees

EMPLOYEE INFORMATION

Employee Name: _____
Last First Middle Initial

Social Security # : _____ Payroll # : _____ Date: ____/____/____

PAYROLL REQUEST

I authorize the State of New Jersey to deduct the Health Savings Account (HSA) contributions identified below on a pre-tax basis beginning no earlier than the date my HSA medical plan will become effective. The funds are eligible to be deposited into my Health Savings Account.

Contributions are subject to federal limits. Annual limits for 2019: \$3,500 for individuals; \$7,000 for families.

Note: Employer contributions to your HSA count toward the annual limit.

Additional allowable contributions for individuals between the ages of 55 - 65: \$1,000 for the account holder only.

Please fill in the desired amount below.

Per Pay Period: _____

Contributions will begin after your HSA bank account has been opened with the banking institution selected by your provider.

Cancel deductions for the Health Savings Account from my paycheck.

HEALTH PLAN

High Deductible Health Plan (HDHP) (*Choose one from below*)

NJ DIRECT HD4000

Aetna Value HD4000

NJ DIRECT HD1500

Aetna Value HD1500

Coverage Level (*Choose one from below*)

Single

Member and Spouse/Civil Union Partner

Family

Member and Domestic Partner

Parent and Child(ren)

Employee Signature: _____ Date: ____/____/____

Please return the completed form to:

N.J. Department of the Treasury
 OMB — Centralized Payroll
 P.O. Box 207
 33 W. State Street, 2nd Floor
 Trenton, NJ 08625-0207