



## CITY OF MANCHESTER PAYROLL DEDUCTION AUTHORIZATION FORM FOR ADDITIONAL CONTRIBUTIONS TO HSA ACCOUNT

### Employee Information

Last Name	First Name	MI
Citizens Bank HSA Account Number		Social Security Number
Address (street)	City	State      Zip
Home Phone	Work Phone	E-mail Address

### Maximum HSA Contributions Per Calendar Year

CALENDAR YEAR	TIER	IRS MAXIMUM ALLOWED	CITY CONTRIBUTION	EMPLOYEE MAXIMUM ALLOWED

*Every year the IRS sets maximum contribution limits for health savings accounts (HSAs). Failure to observe these limits may result in tax penalties. In calculating your annual contribution, take into account the funds that the City is contributing on your behalf. These funds are applied towards the limit.*

### Payroll Deduction Information

Enter Your Election Below:



### Employee Certification and Signature

**You Have Read, Understand, and Agree to the Following:**

1. You acknowledge that you are authorizing us, The City of Manchester, to directly deposit tax deferred monies from your payroll check to your Citizens Banks Health Savings Account.
2. **TAX WITHHOLDING CERTIFICATE:** Under penalties of perjury, the ACCOUNT OWNER certifies (1) that the Taxpayer Identification Number shown on this form is the ACCOUNT OWNER'S correct Taxpayer identification Number, (2) that the ACCOUNT OWNER is not subject to backup withholding either because (a) the ACCOUNT OWNER has not been notified that the ACCOUNT OWNER is subject to backup withholding as a result of a failure to report all interest and dividends, or (b) the Internal Revenue Service has notified the ACCOUNT OWNER that the ACCOUNT OWNER is no longer subject to backup withholding\*, and (3) the ACCOUNT OWNER is a U.S person (including a U.S. resident alien). \*Strike part (2) of this paragraph if the ACCOUNT OWNER has been notified that the ACCOUNT OWNER is subject to backup withholding due to underreporting and has not received a notice from the Internal Revenue Service that backup withholding has terminated. (Failure to provide a Tax Identification Number may subject the account to backup withholding.)
3. To establish automated contributions, you are providing your new (HSA) account number to us. You understand that your account number will not be assigned until Citizens Bank has completed your HSA Enrollment.
4. I understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as my dependents. I also understand that in order to avoid tax consequences, it is my responsibility to ensure that claims drawn from this account are eligible medical expenses with substantiated receipts.



\_\_\_\_\_  
Employee (Account Owner) Signature

\_\_\_\_\_  
Date