HEALTH SAVINGS ACCOUNT (HSA)
ONE-TIME CONTRIBUTION REQUEST

Use this form to request a one-time deposit for your Health Savings Contribution.

Employee Name__________________________________________

Computing ID __________________________

Effective Paycheck Date: __________________________________________

*The amount you enter here will be contributed in addition to your regular ongoing deferral. Upon completion of this request, your benefits self-service account will reflect a yearly employee contribution total that includes the sum total of any ongoing contributions you make through payroll plus any one-time contributions.*

AUTHORIZATION: I authorize my employer to defer $_______________ as a one-time Health Savings Account contribution.

Signature __________________________ Date __________________________

There are annual limits to the amount of combined pre-tax dollars that can be contributed to your HSA by employer and employee, from $3,450 for self-only, to $6,900 for family in 2018. If you are age 55 or older, you may also contribute an extra $1,000 catchup contribution in 2018.

Email: AskHR@Virginia.edu
-OR-
FAX: 434-924-4486
-OR-
Mailing/Interoffice Address:
University Human Resources
Attn: UHR Benefits Office
914 Emmet St. Box 400127
Charlottesville, VA 22904

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FOR UHR BENEFITS DIVISION USE ONLY

Date Received: ______________________ Date Processed: ______________________