

CITY OF KETTERING

HEALTH SAVINGS ACCOUNT - 2020

EMPLOYEE DEPOSITS – MID-YEAR CHANGE FORM

Please affect payroll deductions for employee deposits to my Health Savings Account, administered by Flex Bank, as follows:

(circle one) NEW CHANGE AMOUNT STOP

AMOUNT: _____ per pay Annual Employee Limit: _____ *

* For New and Revised Amounts, enter the Annual Limit of your choice, up to the IRS limit. Your maximum annual deposit is the IRS limit (bottom of page) less the City's annual deposit and the Earnback deposit (if applicable to you).

EFFECTIVE: _____ pay date ASAP

Employee Status: Fulltime Parttime

Age 55 or older as of 12/31 of this year? Yes No

Health Plan: Single Family

Employee Signature Date

Print Employee Name Dept

Please print and submit the completed form to FINANCE

You may scan & email, fax, or deliver this form.

Rhonda South (296-2403) FAX: 296-3390

rhonda.south@ketteringoh.org

2020– Annual Maximum Deposits per the IRS (Employee + Employer)

Single Coverage: \$ 3,550 If age 55 or older as of 12/31/20: \$ 4,550

Family Coverage: \$ 7,100 If age 55 or older as of 12/31/20: \$ 8,100

2020 CITY EMPLOYER DEPOSITS (PLATINUM PLAN ONLY)

FAMILY: \$2,600 Earnback: \$700

SINGLE: \$1,300 Earnback: \$350

For Finance Dept use only:

Employee ID: _____ Effective: _____