

Health Savings Account Worksheet

To enroll in a Health Savings Account you will need to complete the following documents and return them to Human Resources.

- HSA Enrollment Form
- 2025 Attestation Form

How to calculate HSA contribution amounts (see instructions below for assistance):

- [A] MCC, under Hard Cap, bi-weekly contribution: _____
- [B] Additional Employee bi-weekly contribution: _____ (Optional)
- [C] Total bi-weekly HSA contribution: _____

Contribution Calculation Instructions

(Refer to contribution table on page 2 for maximum contribution amounts)

- A:** Always equivalent to the total bi-weekly contribution found in the MCC row next to your corresponding party.
- B:** The amount of money you would like to contribute out-of-pocket toward your HSA. (Contribution can be any amount as long as it is **not more than** the max allowable bi-weekly contribution found on the contribution table.) *Additional out-of-pocket contributions are optional.*
- C:** To determine the **total** bi-weekly contribution amount add together lines A and B.

Important HSA Information

- ✓ Once you are enrolled, you will receive your New Member Kit and HSA Bank Card from HSA Bank.
- ✓ Please see the rates & options comparison charts for more information.

HSA Contribution Quick Reference Table

Total bi-weekly contribution reflects the highest amount an employee can contribute on a bi-weekly basis if the employee intends to meet the maximum IRS allowable contribution.					
26-Pay: ADMIN, ASP, COMMAND, FAC, MAINT, POLC STA,		Contribution Amount	Divided by Number of Pays	Total Bi-Weekly Contribution	Total Annual Contribution Amount Allowed
1 Party	MCC	\$ 751.80	26	\$ 28.92	\$ 3,850.00
	Employee	\$ 3,098.20	26	\$119.16	
2 Party	MCC	\$ 1,584.19	26	\$ 60.93	\$ 7,750.00
	Employee	\$ 6,165.81	26	\$ 237.15	
Family	MCC	\$ 2,045.11	26	\$ 78.66	\$ 7,750.00
	Employee	\$ 5,704.89	26	\$ 219.42	
20-Pay Faculty		Contribution Amount	Divided by Number of Pays	Total Bi-Weekly Contribution	Total Annual Contribution Amount Allowed
1 Party	MCC	\$ 751.80	20	\$ 37.59	\$ 3,850.00
	Employee	\$ 3,098.20	20	\$ 154.91	
2 Party	MCC	\$ 1,584.19	20	\$ 79.21	\$ 7,750.00
	Employee	\$ 6,165.81	20	\$ 308.29	
Family	MCC	\$ 2,045.11	20	\$ 102.26	\$ 7,750.00
	Employee	\$ 5,704.89	20	\$ 285.24	
<p>● MCC employees 55 years or older can contribute an additional \$1,000 to the account. These additional funds may only be contributed by the employee of Macomb Community College.</p>					

This worksheet is intended for reference only. You do not need to turn in this worksheet with your enrollment documents.

Health Savings Account Enrollment Form

PLEASE PRINT. All information is required or your enrollment cannot be processed.

Employee Name (Last, First) _____

Social Security Number _____ Date of Birth (MM-DD-YYYY) _____

Home (Street) Address _____ Apt. _____

City _____ State _____ Zip _____

Email(Required) _____ Phone _____

Citizenship Status: U.S. Citizen Resident Alien Non-Resident Alien

If not a U.S. Citizen, list country of citizenship _____

MCC Bargaining Unit _____

Health Plan Information

Health Plan Insurance Type: Single 2-Party Family

HSA Contribution Amounts:

A	Bi-Weekly, Under Hard Cap, MCC Contribution	
B	Bi-Weekly, Personal (Out-of-Pocket), Contribution*	
C	Total Bi-Weekly Contribution [$C = \text{Lines A} + \text{B}$]	

*Additional employee out-of-pocket contributions are optional.

HSA Enrollment Checklist

To complete the Health Savings Account enrollment process be sure to have the following forms completed and returned to Human Resources.

HSA Enrollment Form

2023 Attestation Form

Employee signature _____ Date _____

PLAN YEAR 2023 ATTESTATION FORM

I understand to be an eligible individual and qualify for a Health Savings Account (HSA), I must meet the following requirements:

- I am (will be) covered under a High Deductible Health Plan (HDHP), on the first day of the month
- I have no other health coverage.
- I am not enrolled in Medicare.
- I will not be claimed as a dependent on someone else's 2022 tax return

I _____
attest that I am not enrolled in any other Health Insurance Plan other than the HDHP provided by my employer, Macomb Community College. In addition, I am not enrolled in Medicare.

EMPLOYEE'S SIGNATURE

DATE

PRINT NAME