



**HARKER.**  
*K through Life.*

**2020 SALARY REDIRECTION AGREEMENT  
FOR HEALTH SAVINGS ACCOUNT WITH STERLING**

*Complete and return this form to Human Resources. Retain a copy for your records. Sterling Health Savings Accounts can be managed and viewed online at [www.sterlinghsa.com](http://www.sterlinghsa.com).*

**Employee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Under the general limit on elective deferrals, the maximum amounts that can be deposited into an HSA for 2020 are \$3,550 for individual coverage and \$7,100 for family coverage. If you turn age 55 or older during the calendar year, you may make an additional “catch-up” contribution of \$1,000 annually. These limits are based on the *combined* contribution totals between the employer and the employee.

Current Deferral Amount: \$\_\_\_\_\_ per pay period (HSA contributions are made over 24 pay periods)

New Deferral Amount: \$\_\_\_\_\_ per pay period (HSA contributions are made over 24 pay periods)

I request that the new deferral amount take effect on the following pay check date: \_\_\_\_\_

I further understand that my deferral amount change request will occur on the pay period immediately following receipt of this form by Human Resources. This redirection agreement will remain in effect until a new form is submitted.

*Digital signatures will not be accepted. Please print this form, sign it and send to Human Resources.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

FOR HR/PAYROLL USE ONLY

Form Received by: \_\_\_\_\_ Payroll Effective Date: \_\_\_\_\_