

The American Printing House for the Blind

Health Savings Account Program 2020 Plan Year

I authorize APH to make a company paid contribution payable in quarterly amounts of \$250 to my Health Savings Account. _____ (Please initial)

Further, I authorize the bank to accept and to credit any credit entries indicated by APH to my account. In the event that APH deposits funds erroneously into my account, I authorize APH to debit my account for any amount not to exceed the original amount of the erroneous credit.

Bank Name _____ Account Type _____

ABA routing number _____ Account number _____

This authorization is to remain in full force and effect until APH receives written notice from me of its termination.

2019 IRS Maximum Contributions to an HSA, including the employer contribution are,

Single - \$3,500

Family - \$7,000

Catch up contribution over the age of 55 – an additional \$1,000

Employee Name: _____

Employee Signature: _____

Date: _____

Please include a copy of your voided check here or supply your account and routing number above. The account must be a Health Savings Account opened at a Bank or Credit Union.