

# Employee Authorization for Payroll Deduction to Health Savings Account - 2022

Use this form to initiate or make changes to your payroll deduction for contributions to your health savings account (HSA). You must already be enrolled in a consumer-directed health plan with HSA before you can start a payroll deduction. Money you elect to be withheld from your paycheck will be deposited into your HSA account by your employer.

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|--|--|--|--|
| <input type="checkbox"/> <b>Begin New Deduction</b>  | <input type="checkbox"/> <b>Change Deduction</b> | <input type="checkbox"/> <b>Stop Deduction</b> | Effective Date: _____<br><i>* Note that only your payroll office can confirm the exact effective date.</i> |
| <b>1. Employee Information</b>   |  |  |  |
| Name: _____<br><i>(Last, First, Middle initial)</i>  |  | Employee ID# _____                             |  |
| Email Address _____  |  | Work Number (____) _____                       |  |
| Cell Number (____) _____   |  | Department Name _____                          |  |
| <b>2. Calculate Your Per Paycheck contribution to HSA</b>  |  | <b>Family HSA Account</b>                      | <b>Self-Only HSA Account</b>   |
| IRS maximum contribution (2022) allowed <i>(employer + employee) *</i>   |  | \$7,300.00                                     | \$3,650.00   |
| Your employer's calendar 2022 contribution   |  | \$2,000.00                                     | \$1,000.00   |
| Your total eligible additional annual contribution for 2022*   |  | \$5,300.00                                     | \$2,650.00   |
| Your elected annual contribution   |  | \$ _____<br>(cannot exceed \$5,300.00*)        | \$ _____<br>(cannot exceed \$2,650.00*)  |
| Divide: Your annual contribution/number of pay periods left in the year  |  | /  | /  |
| Your per paycheck contribution   |  | \$ _____                                       | \$ _____   |
| <i>*If you are age 55 or older the IRS allows a "catch-up" provision of \$1,000 for the year. For example, if you are age 55 or older, the self-only contribution maximum would be \$4,650 less the \$1,000.00 employer contribution. You may request up to \$3,650.00 for the year in payroll deduction.</i>  |  |  |  |
| <b>3. Declare the Amount to Deduct Per Paycheck to Contribute to Your HSA</b>  |  |  |  |
| I elect to contribute \$ _____ per pay period. This deduction request replaces any previous payroll deduction requests for HSA.  |  |  |  |
| <b>4. Special One Time Deduction</b>   |  |  |  |
| I elect to contribute \$ _____ for the pay period with check date of _____. This deduction request is in addition to any previous payroll deduction requests for HSA.  |  |  |  |
| <b>5. Employee's Signature – Required</b>  |  |  |  |
| Submit this form to the Treasurer's office for processing.<br>To activate employee payroll deductions, you must: <ul style="list-style-type: none"> <li>• Be enrolled in a Town-sponsored consumer directed health plan (CDHP) and HSA account with HealthEquity, Inc.</li> </ul> <p><i>By signing this form, I am requesting that payroll deduction be established or modified as indicated in section 3 or 4 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.</i></p> |  |  |  |
| _____<br>Employee's Signature  |  | _____<br>Date                                  |  |

**Give form to the Treasurer's Office. Keep a copy for your records.**