

# 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.

<input type="checkbox"/> Begin New Deduction	<input type="checkbox"/> Change Deduction	<input type="checkbox"/> Stop Deduction	Effective Date: _____
<small>* Note that only your payroll office can confirm the exact effective date.</small>			
<b>1. Employee Information</b>			
Name: _____ <small>(Last, First, Middle initial)</small>	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 (employer + employee) *	\$7,300.00		
Your employer's calendar 2022 contribution	\$2,000.00		
Your total eligible additional annual contribution for 2022*	\$5,300.00		
Your elected annual contribution	\$ _____ <small>(cannot exceed \$5,300.00*)</small>	\$ _____ <small>(cannot exceed \$2,650.00*)</small>	
Divide: Your annual contribution/number of pay periods left in the year	/ /		
Your per paycheck contribution	\$ _____	\$ _____	
<small>*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.</small>			
<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.			
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>			
<small>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.</small>			
Employee's Signature	Date		

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