



Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to have your employer withhold money from your paychecks and deposit it into your health savings account (H.S.A.) on a pre-tax basis. **You must be enrolled in a high deductible health plan (HDHP) with an H.S.A. before you can start a payroll deduction. If you are enrolled in Medicare Part A or B, you cannot participate in payroll deductions for your H.S.A.**

I wish to:
 Begin a deduction Change my deduction Stop my deduction Effective date _____
Payroll can confirm the effective date

Section 1: Employee Information

Name (Last, First)	Social Security number
Mailing address	Phone number
City/State/Zip Code	Department
Date of birth:	Age:

Section 2: Calculate Your Maximum H.S.A. Contribution
Use the information below to determine how much you can contribute to your H.S.A. in 2022.

Maximum 2022 annual contribution (from all contribution sources):

Under age 55:	Age 55 or older (includes \$1,000 catch-up):
• Single HDHP \$3,650	• Single HDHP \$4,650
• Family HDHP \$7,300	• Family HDHP \$8,300

*Please refer to FIT Program Guidelines for additional information on this benefit and the City H.S.A. contribution.

I am participating in the catch-up (age 55 and older)

Amount you elect to contribute to your H.S.A. per paycheck: _____ X *# of payrolls* 26 = _____
(26 in 2022) (annual amount)

Section 3: Employee's Signature Required

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 2 above and I agree to the preceding terms. I understand there are maximum limits I can contribute to my H.S.A. per IRS rules and I may be liable for tax penalties if I exceed this amount.

This request replaces any previous payroll deduction requests for my H.S.A.

Employee's Signature	Date
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Return this form to your personnel or your payroll office. Keep a copy for your records.
NOTE: For annual Open Enrollment, please return this form to Personnel.