

Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to have your employer withhold money from your paycheck and deposit it into your health savings account on a pre-tax basis.

I wish to:

Begin a deduction Change my deduction Stop my deduction Effective date _____

Section 1: Employee Information

Name (Last, First, Middle initial)	Social Security number or employee ID
Mailing address	Work phone number
Routing Number 044210403	HSA ACCOUNT NUMBER: On file

Section 2: Calculate Your Maximum HSA Contribution

Use the worksheet below to determine how much you can contribute to your HSA in 2022.

Individual HSA		Family HSA	
A	Maximum amount that can be put in your HSA for 2022: \$3,650	A	Maximum amount that can be put in your HSA for 2022: \$7,300
B	Are you age 55 or older? If <i>NO</i> , write \$0. If <i>YES</i> , write \$1,000. \$ _	B	Are you age 55 or older? If <i>NO</i> , write \$0. If <i>YES</i> , write \$1,000 \$ _
C	How much your employer will contribute in 2022: \$1,260	C	How much your employer will contribute in 2022: \$2520
D	A + B - C = \$ This is the most you can contribute in 2022.	D	A + B - C = \$ This is the most you can contribute in 2022.

If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a midyear change, be sure to include any amounts you have already contributed in 2022.

Section 3: Calculate Your Per-paycheck HSA Contribution

Total from D:		Total from D:	
E	Number of paychecks to December 1 (this is the number of pays left from current effect date)	E	Number of paychecks to December 1 (this is the number of pays left from current effect date)
F	D ÷ E = \$ This is the most you can contribute per paycheck	F	D ÷ E = \$ This is the most you can contribute per paycheck.
Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than F): \$ _		Amount you elect to contribute to your HSA per paycheck (can be any amount up to or less than F): \$ _	

Section 4: Employee's Signature Required

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 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.

Employee's signature	Date
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The Board contributions will be paid in three installments:
January, June and August.