Employee HSA payroll deduction form

HealthEquity®

Return completed forms to:

Company name: Santa Barbara FIre - Local 2046

Attn:

Fax: (818) 477-1569

Email address: local2046@mybenefitchoices.com

Annual employer contribution information

Self-only	Family	Other (optional)

For mid-year enrollees, contact your HR department for your pro-rated employer election amount.

Notes

HSA contribution limits and contribution calculator

2021 annual HSA contributions

Coverage type	Total annual contribution*	Per month
Self-only	$3,600	$300.00
Family	$7,200	$600.00

*Catch-up contribution (age 55+): additional $1,000/year

2022 annual HSA contributions

Coverage type	Total annual contribution*	Per month
Self-only	$3,650	$304.16
Family	$7,300	$608.33

*Catch-up contribution (age 55+): additional $1,000/year

Total annual contribution		Total annual employer contribution		Total eligible amount
2022 Self-Only $3,650	- (MINUS)		=	3,650

Total eligible amount		Enter number of pay periods remaining in the year from form submittal date		Per-pay period max withholding
3,650	/ (DIVIDED)	1	=	3,650.00

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact HealthEquity Member Services at 866.346.5800.

Employee information and authorization

Employee name	Last 4 of SSN or employee ID

Please withhold $ _____ from my (weekly/bi-weekly/monthly) payroll and apply the funds to my HealthEquity HSA.

Signature	Date