

# Employee HSA payroll deduction form



Return completed forms to:

Company name: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

## 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

| 2022 annual HSA contributions |                            |           | 2023 annual HSA contributions |                            |           |
|-------------------------------|----------------------------|-----------|-------------------------------|----------------------------|-----------|
| Coverage type                 | Total annual contribution* | Per month | Coverage type                 | Total annual contribution* | Per month |
| Self-only                     | \$3,650                    | \$304.16  | Self-only                     | \$3,850                    | \$320.83  |
| Family                        | \$7,300                    | \$608.33  | Family                        | \$7,750                    | \$645.83  |

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

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|                                  |                       |   |   |                                       |
|----------------------------------|-----------------------|---|---|---------------------------------------|
| <b>Total annual contribution</b> | -<br><b>(MINUS)</b>   | <b>Total annual employer contribution</b>   | = | <b>Total eligible amount</b>          |
| <input type="text"/>             |                       | <input type="text"/>  |   | <input type="text"/>                  |
| <b>Total eligible amount</b>     | /<br><b>(DIVIDED)</b> | <b>Enter number of pay periods remaining in the year from form submittal date</b> | = | <b>Per-pay period max withholding</b> |
| <input type="text"/>             |                       | <input type="text"/>  |   | <input type="text"/>                  |

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                         |