Employee HSA payroll deduction form

Health Equity

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.

<mark>Note</mark>s

HSA contribution limits and contribution calculator

2022 annual HSA contributions				2023 annual HSA contributions				
Coverage type	Total annua	l 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 \$6		\$645.83
*Catch-up contribution (age 55+): additional \$1,000/year			Catch-up contribution (age 55+): additional \$1,000/year					
Total annual contribution		Total annual employer contribution			Total eligible amount			
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Total eligible amount	/ (DIVIDED)	Enter number of pay periods remaining in the year from form submittal date	=	Per-pay period max withholding

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 <mark>4</mark> of SSN or employee ID			
Please withhold \$ from my (weekly/bi-weekly/mo	from my (weekly/ <mark>bi-weekly</mark> /monthly) payroll and apply the funds to my HealthEquity HSA.			
Signature	Date			