

HEALTH SAVINGS ACCOUNT "HSA" PAYROLL CONTRIBUTION FORM

I AM ENROLLED IN THE HIGH DEDUCTIBLE HEALTH PLAN (HDHP) AND WISH TO CHANGE MY PAYROLL DEDUCTION FOR THE HEALTH SAVINGS ACCOUNT (HSA)

"Circle applicable pay periods selected"

FROM: \$ _____ PER PAY PERIOD: 19 / 24 X PER YEAR WITHHELD

"Circle applicable pay periods selected"

TO: \$ _____ PER PAY PERIOD: 19 / 24 X PER YEAR WITHHELD

OR

I WISH TO DO A ONE TIME ONLY PAYROLL DEDUCTION OF:

\$ _____ ON THE (DATE) _____ CHECK.

2022 YEARLY MAX CONTRIBUTION IS:

SINGLE: \$192.10 / \$152.08 per pay period for annual max \$3650

SINGLE OVER AGE 55: \$244.74 / \$193.75 per pay period for annual max \$4650.00

FAMILY: \$384.21 / \$304.17 per pay period for annual max \$7300.00

FAMILY OVER AGE 55: \$436.84 / \$345.83 per pay period for annual max \$8300.00

PLEASE PROCESS THIS CHANGE FOR ME ON THE NEXT PAYROLL CHECK.

PRINTED NAME _____ DATE _____