

Health Savings Account (HSA) Payroll Deduction Election

Section 1: Account Information

Employee Name:	Workplace Employer:
HSA Transit / ABA / Routing Number:	HSA Account Number:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ (must be approved)	

2022 HSA Annual Contribution Limits

Per current IRS limit guidelines the following amounts are the maximum an employee can deposit into a Health Savings Account (HSA)

Single	\$3,550
Family	\$7,100
Catch up contribution (Age 55 or older)	An Additional \$1,000

Section 2: Update Your Current HSA Election (complete at least one option below)

EMPLOYEE pay period election amount \$ _____ effective ____/____/____

EMPLOYEE annual election amount \$ _____ effective ____/____/____

One-time EMPLOYEE deduction amount \$ _____ effective ____/____/____ pay date

I certify the above information to be true to the best of my knowledge. I agree that my compensation/wage will be reduced by the HSA deduction amount(s) stated above, and authorize my employer to collect said HSA contributions via payroll deduction. I further understand that this HSA deduction will be in effect until I cancel or terminate my participation, that annual renewal of the HSA election amount is necessary, and that I may make changes at the first of any month to my HSA contributions.

Signature _____ Date ____/____/____