

**Androscoggin Home Healthcare + Hospice
2022 Payroll Deduction Form for HSA Contributions**

Use this form to indicate the amount of your payroll contributions to be placed in your Health Savings Account (HSA).

Personal Information (Please Print or Type)

Participant Name _____ Social Security Number _____

_____/_____/_____
Your Health Savings Account belongs to you and is your financial asset even if you change employers or health plans. Your contributions to the health savings account will be made pre-tax through payroll deductions. The maximum combined employee/employer contribution amount cannot exceed the IRS stated maximums of \$3,650 for individual coverage and **\$7,300** for family coverage for the 2022 calendar year. Individuals age 55 and older can make an additional \$1,000 catch up contribution.

Please indicate the type of contribution you wish to make:

☐ **New Recurring Contribution**

I request to contribute the following amount to my HSA plan associated with my HDHP Medical Insurance through pre-tax deductions.

My bi-weekly contribution to my HSA is: \$_____ per pay period equivalent to \$_____ per plan year. I understand that the elected amount will be deducted from my pay unless I make changes.

The effective date of this deduction will be ____/____/____.

Bank Health Savings Account: Bank Name _____ Routing # _____ Account # _____
Name(s) on Account: _____

☐ **Change Recurring Contribution**

I would like to change my recurring contributions to my HSA to the following amount through pre-tax payroll deductions:

Change my bi-weekly contribution to my HSA to: \$_____ per pay period which will alter my annual contribution amount to \$_____ per plan year. I understand that the elected amount will be deducted from my pay for the remainder of the plan year unless I make changes.

The effective date of this change will be ____/____/____.

☐ **Discontinue Contributions**

I request to discontinue my contributions to the HSA account. I understand I may resume contributions at any time.

The effective date of this change will be ____/____/____.

I agree to the above payroll deduction request and will submit this form to my employer for processing.

- I authorize my employer to make this deduction on a pre-tax basis.
- I understand my payroll contribution election is for one HSA plan year and that I can add, change or revoke my HSA contribution at will in accordance with the plan's HSA rules.
- I understand that my election contributions and changes must comply with federal regulations and IRS rules.
- I understand that the date of my payroll may differ from the date the funds are actually deposited and are available for use.
- I certify that I am eligible to make HSA contributions and I understand my employer will rely on this certification in making the contributions to my HSA and for appropriate tax withholding and reporting.

Signature _____ Date _____