



SIMSBBURY PUBLIC SCHOOLS

933 Hopmeadow Street, Simsbury, CT 06070

HEALTH SAVINGS ACCOUNT PAYROLL DEDUCTION FORM CALENDAR YEAR 2022

Use this form to authorize deductions from your payroll check to be automatically contributed to your Health Savings Account with HSA Bank. After completing both Sections 1 and 2, make a copy for your records and return the original form to the **Payroll Department**.

Check one:

- Establish Payroll Deduction for First Time
 Change Payroll Deduction Amount
 Stop Payroll Deduction
 Continue Payroll Deduction for New Calendar Year (insert amount in Per Pay Period line below)

1. ACCOUNT HOLDER INFORMATION (Please print clearly)

Name: Last, First, Middle Initial **Employee Number** **HSA Bank Account Number**

The IRS has established annual limits that can be contributed to Health Saving Accounts. The **2022 IRS limits** are **\$3,650 for single coverage and \$7,300 for family coverage**. The catch-up provision for participants age **55 and older is \$1,000 for 2022 per account, not per participant**. IRS rules state that contribution limits must generally be prorated by the number of months you are eligible to participate in an HSA. However, an IRS Special Exception: Last- month rule may apply. For more information please see IRS Publication 969 and/or consult a tax advisor.

Contributions are based on Simsbury Public School's payroll deductions of 20 deductions per **calendar year** and may be changed once per year. Please note that the **total amount contributed** between your pre-tax payroll contribution, personal after tax contribution and the employer contribution **cannot exceed the limits above**. Simsbury Public School will be contributing \$1,000 for single coverage and \$2,000 for family coverage for calendar year 2022.

2. PAYROLL DEDUCTION

Based on your estimates, enter the amount you wish to contribute to your Health Savings Account per pay period. There are **20 payroll deductions** from **January through December, 2022**.

Pay Period Amt \$ _____ Calendar Year Amt _____ Effective Date _____

Please read, sign and date this form:

I authorize the reduction of my salary on a per paycheck basis, by the amount designated above. I understand that all information provided here is intended as a convenient source of tax information. This information is general in nature, is not complete and may not apply to my specific situation. Before relying on this information, I understand I should consult my own tax advisor regarding my tax needs. Note: Simsbury Public Schools makes no warranties and is not responsible for your use of this information or for any errors or inaccuracies resulting from your use.

Signature _____ Date _____

Committed to Excellence Every Day