## **Employee HSA payroll deduction form**



Return completed forms to:

Company name:

Attn:

Fax:



Email add	ress:		SUPPORTING SCHOOLS AND STUDENT ACHIEVEMENT		
Annua	al employer contribution	information			
	Self-only	Family	Other (optional)		
For mid-	year enrollees, contact your HR depar	tment for your pro-rated employer election amo	unt.		
Notes					

## **HSA** contribution limits and contribution calculator

2023 annual HSA contributions				
Coverage type	Total annual contribution*	Per month		
Self-only	\$3,850	\$320.83		
Family	\$7,750	\$645.83		

\*Catch-up contribution (age 55+): additional \$1,000/year

2024 annual HSA contributions				
Coverage type	Total annual contribution*	Per month		
Self-only	\$4,150	\$345.83		
Family	\$8,300	\$691.66		

 $^*$ Catch-up contribution (age 55+): additional \$1,000/year

Total annual contribution	-	Total annual employer contribution		Total eligible amount
	(MINUS)		=	
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 4 of SSN or employee ID		
Please withhold \$	from my payroll on a	basis and apply the funds to my HealthEquity HSA.		
Signature	Date	Indicate requested payroll effective date:		

Form must be submitted by the Friday prior to the requested payroll effective date. If no date is indicated, or if submitted after the deadline, change will be processed on the following payroll date.

HealthEquity.com 866.346.5800