Southgate
Community Schools

Health Savings Account (HSA)
Contribution Form

Employee Name: _____

Employee ID number: _____

2022 Annual H.S.A. <u>combined</u> contribution maximum allowed (Employer and Employee)	Single $3,650	2-Person $7,300	Family $7,300

I wish to have the following contribution into my H.S.A. account.

Current Amount Deducted Per Pay: _____

New Amount to be Deducted Per Pay: _____

Effective Date (Pay Date): _____

Please note:

It is the employee's responsibility to establish a per pay deduction amount that does not exceed the maximum allowable contributions, based on the chart above.

If you do not receive a pay check, or enough gross wages on a pay check to cover the deduction, a voluntary H.S.A. deduction will not be processed for that pay. Deductions will resume when pay is available to make the deduction.

Please return this form to Jodi Badder, Benefits Coordinator.

Employee Signature _____   Date: _____