

**933 Hopmeadow Street, Simsbury, CT 06070**

**SIMSBURY PUBLIC SCHOOLS**

**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 employercontribution **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**