

2023 HEALTH SAVINGS ACCOUNT (HSA)
PAYROLL DEDUCTION
CONTRIBUTION CHANGE AUTHORIZATION FORM

I authorize my employer to change my HSA contribution level per pay period. **I understand that it is my responsibility to not request more withholdings per calendar year than is allowable by law. I also understand that if I exceed my allowable annual contribution, I may be subject to IRS tax penalty.**

I understand that change requests must be received in the Business Office no later than the tenth of the month prior to the month I wish my payroll deduction to be changed. HSA contribution changes may be made 1 time monthly.

In 2023, the maximum HSA contribution for employee only is \$3,850 and \$7,750 for family. Employees over the age of 55 and not enrolled in Medicare are eligible to make “catch up” contributions in their HSA account of \$1,000. These contribution limits apply to employee AND employer contributions including any incentive payments relating to wellness services received at the Everside Health and Wellness Center.

\$ _____

Per Pay Period Dollar Amount Requested

Requested Date for Deduction to Begin

Print Name

Signature of employee

Date

Last 4 Digits of Social Security Number