

# Schuylkill IU #29/Schuylkill Technology Center

## 2022 HSA PRE-TAX SALARY REDUCTION ELECTION FORM IU PROFESSIONAL/BI/MHT and COMPENSATION/ACT 93

First Name

MI

Last Name

Social Security #

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I understand that if I meet the eligibility standards as defined by the IRS, my employer may make contributions to a Health Savings Account (HSA). I may also elect to make pre-tax contributions to my HSA through payroll deduction(s). These pre-tax contributions are available under my employer's Section 125 Plan. When making this election, I further understand the HSA 2022 contribution limits are \$3,650 for Individual and \$7,300 for Family (with a catch-up provision for participants age 55 years and older for an additional \$1,000 over the respective category limit). This maximum contribution level is the sum of employer and employee contributions.

- For the calendar year 2022, the employer will make the following contributions:  
Single Plans - \$1,250  
Family Plans - \$2,500
- The maximum employee contributions are the following (whether you make the contribution directly or through payroll deduction):  
Single Plans - \$2,400 (unless age 55 or older)  
Family Plans - \$4,800 (unless age 55 or older)
- New Hires will receive a pro-rated portion of the employer contribution for their first partial calendar year.

I wish to contribute \$\_\_\_\_\_ to my HSA each pay period on a pre-tax basis effective \_\_\_\_\_. I understand this amount will be deducted from my paycheck until I change my election or attain the maximum HSA contribution amount for the year as announced by the IRS. I understand that my election is prospective only and that the contribution(s) I have elected will be made with pre-tax salary reductions and that such reductions reduce my compensation for Social Security benefit purposes.

I wish to make a single contribution of \$\_\_\_\_\_ to my HSA on a pre-tax basis during the next available pay period. I understand this will be deducted from my paycheck one time only for the tax year \_\_\_\_\_.

I do not wish to make any employee pre-tax contributions to my HSA at this time.

Employee Signature

Date

**\*\*\*My signature above serves as acknowledgement of my responsibility to determine whether I am eligible to contribute to my HSA and to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit as announced by the IRS.\*\*\***