



The Town of Barnstable

Department of Human Resources

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William E. Cole

Director

2022 Employee Health Savings Account (HSA) Payroll Deduction Form

To be eligible to contribute to an HSA, you must meet the following criteria:

- Enrolled in a high deductible health plan
- Have no other health coverage including Medicare
- Not be claimed as a dependent on someone else's tax return
- Not be enrolled in a full scope health Flexible Spending Account (FSA), including through a spouse's plan,

2022 Annual HSA Contribution Limits

Self-only coverage: \$3,650 less \$1,000 employer funding = \$2,650 maximum payroll contribution

Family coverage: \$7,300 less \$2,000 employer funding = \$5,300 maximum payroll contribution

Age 55+ catch-up: \$1,000 additional payroll contribution per year

Please complete the following and return to Human Resources:

- ☐ I do not wish to contribute \$\$ to my Health Savings Account at this time.
- ☐ I currently have access to funds in a Flexible Spending Account and am not eligible to contribute \$\$ to my Health Savings Account at this time.
- ☐ I wish to begin contributions to my Health Savings Account on the first eligible pay date.
- ☐ I wish to change the amount of my contribution to my Health Savings Account.

To calculate your paycheck contribution, determine the annual amount you would like to contribute, not to exceed the maximum amount described above. Divide your annual contribution amount by the number of pay periods left in the calendar year.

Paycheck Contribution Calculator

| Total Annual Contribution | Number of Pay Periods Remaining in Calendar Year | Contribution per Paycheck |
|---------------------------|--|---------------------------|
| | | |

Employee Information and Authorization

Employee Name: _____ Employee #: _____

Please withhold \$_____ from my ☐ weekly ☐ 12-month bi-weekly ☐ 10-month biweekly ☐ monthly payroll and apply the funds to my HealthEquity HSA.

I understand that my HSA enrollment and Blue Cross or Harvard Pilgrim claim information will be shared with HealthEquity for the purpose of administering and coordinating payments under my health savings account.

Signature

Date