

# HEALTH SAVINGS ACCOUNT SALARY REDUCTION FORM

West Chicago Elementary School District #33

Plan Year 2022 [Jan – Dec]

## Participant Information

Name (First, MI, Last)

Social Security #:

Date of Birth:

## Eligibility

To be eligible for a Health Savings Account [HSA], you must meet the following IRS criteria:

- You must be covered by a qualified High Deductible Health Plan [HDHP],
- You cannot be covered by another health plan (for example, your spouse's health plan or flexible spending account),
- You cannot be covered by Medicare Part A, B or D; and
- You cannot be claimed as a dependent on another individual's tax return.

## Contributions

The maximum employee contribution amount, combined with any applicable employer contribution, cannot exceed the IRS stated maximums for the calendar year.

The maximum contributions for 2022:

- Single: \$3,650
- Family: \$7,300
- Catch-up contribution for age 55 & older: \$1,000

I wish to contribute each pay period \$ \_\_\_\_\_ to my Health Savings Account on a pre-tax basis. I authorize this amount to be deducted from my paycheck through the end of this plan year (12/31/21).

## Authorization and Agreement

I authorize my employer to adjust my pay as required by my above elections. I understand the benefit option I have elected will remain in force throughout the plan year, unless I have incurred one of the events explained in the Summary Plan Description, which I have been provided.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 1121

## TO BE COMPLETED BY EMPLOYER

Employer Signature \_\_\_\_\_ Date Approved: \_\_\_\_\_

Participant's Effective Date: \_\_\_\_\_ Date of first payroll deduction: \_\_\_\_\_