

## Employee HSAPayroll Deduction Form

Employee Name: \_\_\_\_\_ Last 4 SSN or Employee ID#: \_\_\_\_\_

Please withhold \_\_\_\_\_ from my monthly payroll and apply the funds to my HSA.

2022		– WHA*			2022 HSA Contribution – Sutter Health Plus* I elect.			
Coverage Type	Total Annual Contribution	Per Month	%d elect.					
		\$233.33	EE Only	\$1,800.00	\$150.00	EE Only	\$1,500.00	\$125.00
EE +1	\$5,600.00	\$466.67	EE +1	\$3,600.00	\$300.00	EE + 1	\$3,000.00	\$250.00
Family	\$5,600.00	\$466.67	Family	\$3,600.00	\$300.00	Family	\$3,000.00	\$250.00

**Please note: There is no employer HSA contribution for 2022.**

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to prorate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax.