

Health Savings Account (HSA) 2022 Contribution Election Form

Name (please print) _____ Date of Birth ____/____/____ Social Security No. _____

Home Address _____ City _____ State _____ Zip _____

Email address: _____ Community Bank Acct # _____ Transit Number 101106751

1. Declare the Amount to Deduct per Paycheck to Contribute to Your HSA

Prorate your contributions according to the number of paychecks remaining in the year in order to remain within the limit. Remember, contributions and deductions are made in the first two paychecks of each month.

____ I elect to contribute \$_____ from EACH PAYCHECK (first two of each month). This deduction request replaces any previous payroll deduction requests for HSA. *Enter only dollar amounts, no percentages.*

____ I elect to **stop** my HSA deduction – effective the first payday at least 10 days after this form is received by the Human Resources Department.

IRS Contribution Limits for 2022

For single coverage: \$3,650.00

For family coverage \$7300.00

Additional Catch-up Contribution
(For those 55 and older) \$1,000.00

Be sure to include the TSCPL contribution when calculating your overall limit for the year.

More information about HSAs:

<http://www.irs.gov/pub/irs-pdf/p969.pdf>

2. TSCPL HSA Monthly Employer Contribution: For eligible individual subscribers who work 30 or more hours a week the library's employer contribution will be \$30.00 per month up to a maximum of \$360.00 per year.

For eligible subscribers with one or more covered dependents who work 30 or more hours per week the library's employer contribution will be \$60.00 a month up to a maximum of \$720.00 a year.

For eligible individual subscribers who work at least 20 but less than 30 hours a week the library's employer contribution will be \$15.00 a month up to a maximum of \$180.00 per year.

For eligible subscribers with one or more covered dependents who work at least 20 but less than 30 or hours per week the library's employer contribution will be \$30.00 a month up to a maximum of \$360.00 a year.

TSCPL 2022 HSA Preload Employer Contribution: For eligible individual subscribers who work 30 or more hours a week the library's 2022 preload will be \$500 in January 2022 and \$500 in July 2022.

For eligible subscribers with one or more covered dependents who work 30 or more hours per week the library's 2022 preload will be \$1,000 in January 2022 and \$1,000 in July 2022.

For eligible individual subscribers who work at least 20 but less than 30 hours a week the library's 2022 preload will be \$250 in January 2022 and \$250 in July 2022.

For eligible subscribers with one or more covered dependents who work at least 20 but less than 30 hours per week the library's 2022 preload will be \$500 in January 2022 and \$500 in July 2022.

3. Employee Signature

The TSCPL Section 125 plan permits employees to voluntarily deduct from wages their contributions to an HSA on a pre-tax basis. While TSCPL processes payroll deductions and transmits HSA funds to Community Bank it is the participating employee's sole responsibility to manage and maintain the HSA and to comply with IRS regulations. By signing below, you acknowledge and agree to the following statements:

- I am responsible for adhering to the Federally established HSA contribution limits and funds access rules.
- I am enrolled in the library's Qualified High Deductible Health Plan (QHDHP).
- I will take action to stop deductions when I cease to participate in the QHDHP.
- I understand this deduction will continue for the duration of the Plan Year or until I submit a new Contribution Election Form to have deductions changed or stopped.
- I hereby authorize TSCPL to deduct the amount specified above from my paychecks for subsequent transmission to my HSA account at Community Bank, 5431 SW 29th Street, Topeka, KS 66614.
- I hereby authorize TSCPL to recover from my HSA account any employee or employer contributions that may be incorrectly contributed to my account due to an error.
- I understand this deduction (or change to my existing deduction) will be effective with the first pay date that falls at least 10 days after this form is received by the TSCPL Human Resources Department.

By signing this form, I request the preceding action in Section 1 above and agree to the preceding terms. I understand HSAs have maximum contribution limits per IRS rules and that I may be liable for tax penalties if I exceed the applicable limits.

Signature _____

Date: ____/____/____