



## 2022 Health Savings Account Election Form

University HSA Contribution Per Paycheck			
Coverage Type	Place a Check in the Box next to your coverage type	Contribution based on coverage type	On line 1 below, enter the amount next to the box you checked
Employee Only	<input type="checkbox"/>	\$17.69	////////////////////////////////////
Employee Plus Children	<input type="checkbox"/>	\$27.88	////////////////////////////////////
Employee Plus Spouse	<input type="checkbox"/>	\$36.92	////////////////////////////////////
Employee Plus Family	<input type="checkbox"/>	\$57.69	////////////////////////////////////
<b>University Contribution per paycheck:</b>			<b>1)</b>
Employee HSA Contributions Per Paycheck			
Coverage Type	Place a Check in the Box next to your coverage type	Premium Savings vs PPO	On line 2 below, enter the amount next to the box you checked <u>OR</u> enter a lesser amount
Employee Only	<input type="checkbox"/>	\$10.03	////////////////////////////////////
Employee Plus Children	<input type="checkbox"/>	\$39.74	////////////////////////////////////
Employee Plus Spouse	<input type="checkbox"/>	\$30.96	////////////////////////////////////
Employee Plus Family	<input type="checkbox"/>	\$11.59	////////////////////////////////////
<b>Employee Contribution Per Paycheck based on Premium Saving vs PPO:</b>			<b>2)</b>
//////////////////////////////////// On line 3 enter <b>Additional amount per Paycheck</b> to be contributed by Employee			<b>3)</b>
//////////////////////////////////// Add lines 2 and 3 and enter on line 4 for: <b>Total Employee Contribution per Paycheck:</b>			<b>4)</b>
//////////////////////////////////// Add lines 1 and 4 and enter on line 5 for: <b>Total Contributions per Paycheck:</b>			<b>5)</b>
//////////////////////////////////// Total Contributions per Paycheck x _____ pays			<b>6)</b>
//////////////////////////////////// On line 7 enter <b>Employee One Time Lump Sum Pre-Tax Contribution</b>			<b>7)</b>
//////////////////////////////////// Total Contributions for the <b>Plan year. (Must be \$6,850 or less)</b>			

It is my responsibility to determine whether I am eligible to make contributions to my Health Savings Account, and to determine whether contributions to this Health Savings Account have exceeded the applicable maximum annual contribution limit.

\_\_\_\_\_ Date  
Account Owner Signature

\_\_\_\_\_ Date  
Print Name