

Health Savings Account

Employee Contribution Enrollment Form

Purpose: This form is only to be used after a CDHP is elected:

- To elect new payroll deduction amounts for HSA contributions _____
- To change payroll deduction amounts for HSA contributions _____

Please return completed form to Human Resources. Email: human.resources@oberlin.edu for scanning and processing.

EMPLOYER: OBERLIN COLLEGE

BEGIN HSA ELECTION:

END HSA ELECTION:

A. EMPLOYEE INFORMATION

Employee T Number (include all 0's) or Social Security Number:

Employee Name: (Last)

(First)

(MI)

Home Address: (Street)

(Apt #)

(City)

(State)

(Zip Code)

B. HSA PAYROLL CONTRIBUTION: Enter your monthly and total plan year HSA election amounts below. Note 2023 Contribution Limit Below

I authorize my employer to initiate the following payroll deduction to contribute to my HSA.

Per Pay Deduction

\$ _____

Plan Year Election

\$ _____

If you are paid bi-weekly, payroll contribution amounts will be deducted in the 1st pay that falls within the 1st pay of the month.

IRS Contribution Limits

- For 2023
 - Single Coverage: \$3,850 or Family Coverage: \$7,750
- Additional Catch-up Contribution (age 55 & older in 2022): \$1,000
- The combination of employee, employer and any third party contributions may not exceed the limits indicated.

C. EMPLOYEE CERTIFICATION

- I understand the eligibility requirements for contributions made to my Health Savings Account and state that I qualify to make contributions to this account.
- I assume complete responsibility for:
 1. Determining my eligibility for an HSA each year a contribution is made.
 2. Ensuring all contributions made to my account are within the limits set forth by the tax laws.
 3. Any tax consequences of contributions (including rollover contributions) and distributions.

Signature: _____

Date: _____

D. PAYROLL DEDUCTION INFORMATION: For HR use only.

- **Deduction cycle:** ___ bi-weekly ___ monthly
- **Change existing payroll deduction amount**
 - First Pay Date of new HSA deduction: ____/____/____
 - Number of pay dates on which new HSA deduction will be taken during the Plan Year: ____
- **Election amount due to new Plan Year**
 - Pay Date of first HSA deduction: ____/____/____
 - Number of pay dates on which new HSA deduction will be taken during the Plan Year: ____