



**HEALTH SAVINGS ACCOUNT (HSA)
PAYROLL DEDUCTION**

EMPLOYEE NAME (please type or print): _____

HSA LIMITS FOR 2023
(See IRS Publication 969 for complete HSA rules)

FAMILY COVERAGE	SINGLE COVERAGE	CATCH UP (AGE 55 & OLDER)
\$7,750 ANNUAL LIMIT	\$3,850 ANNUAL LIMIT	\$1,000 ANNUAL LIMIT
\$1,800/yr. FCC CONTRIBUTION	\$900/yr. FCC CONTRIBUTION	NO FCC ANNUAL CONTRIBUTION
\$150/mo. FCC CONTRIBUTION	\$75/mo. FCC CONTRIBUTION	NO FCC MONTHLY CONTRIBUTION
\$5,950/yr. EMPLOYEE CONTRIBUTION LIMIT	\$2,950/yr. EMPLOYEE CONTRIBUTION LIMIT	\$1,000/yr. EMPLOYEE CONTRIBUTION LIMIT
\$247.92/24 PAYCHECK DEDUCTIONS LIMIT	\$122.92/24 PAYCHECK DEDUCTIONS LIMIT	\$41.67/24 PAYCHECK DEDUCTIONS LIMIT

I ALLOW FAMILY & CHILDREN'S CENTER TO MAKE THE FOLLOWING DEDUCTION FROM MY PAYCHECK AND CONTRIBUTE TO MY HSA. THESE AMOUNTS WILL BE DEDUCTED BASED ON 24 PAY PERIODS OR UNTIL YOU ELECT TO CHANGE AND/OR END EMPLOYMENT. THE AMOUNTS WILL BE DEPOSITED TO YOUR HSA AT MERCHANTS BANK EVERY 1ST AND 2ND PAYDAY OF EACH MONTH.

FAMILY COVERAGE EMPLOYEE CONTRIBUTION AMOUNT	SINGLE COVERAGE EMPLOYEE CONTRIBUTION AMOUNT	CATCH UP EMPLOYEE CONTRIBUTION AMOUNT
\$	\$	\$

CONTRIBUTION AMOUNTS CAN BE CHANGED AT ANY TIME. IF YOU PREFER TO SCHEDULE DEDUCTIONS DIFFERENTLY THAN OUTLINED ABOVE PLEASE ENTER DETAILED INSTRUCTIONS HERE:

SIGNATURE: _____ DATE: _____

Begin with paycheck dated: ___/___/___

Effective Date: 01/01/2023