

## 2023 HSA Employee Contribution/Change Form

HSA contribution limits are based on the calendar year from January 1 – December 31.

HSA contribution limits include both employer and optional employee amounts combined.

**NAME:** \_\_\_\_\_

**BANNER ID:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

I certify that I am HSA eligible with a PEHP STAR plan or Consumer Plus high deductible medical plan

**Select 2023 total contribution limits:**

Single (\$3,850)      Couple (\$7,750)      Family (\$7,750)

Additional \$1,000 (age 55 years+ in 2023)

**Select optional employee contribution amount:**

PLAN YEAR CONTRIBUTION: Deduct \$ \_\_\_\_\_ from each paycheck from 7/1/\_\_\_\_ through 6/30/\_\_\_\_

ONE-TIME CONTRIBUTION: Deduct \$ \_\_\_\_\_ from one paycheck on \_\_\_\_\_ (Mo) \_\_\_\_\_ (Yr)

OTHER CONTRIBUTION: Deduct \$ \_\_\_\_\_ from paycheck on \_\_\_\_\_ (Mo) \_\_\_\_\_ (Yr) \_\_\_\_\_ through (Mo) \_\_\_\_\_ (Yr)

**PLEASE NOTE:**

\*Snow College health insurance benefits plan year goes from July 1 – June 30.

<b>Employer Paid HSA Contributions Effective 7/1/2023)</b>	
STAR Plan Single	\$ 77.07
STAR Plan Double	\$ 154.70
STAR Plan Family	\$ 162.05

<b>Optional HSA Contribution Worksheet</b>		
See paystubs on BadgerWeb employee tab for amounts already contributed.		
	Employee	Employer
January	\$	\$
February	\$	\$
March	\$	\$
April	\$	\$
May	\$	\$
June	\$	\$
July	\$	\$
August	\$	\$
September	\$	\$
October	\$	\$
November	\$	\$
December	\$	\$
Subtotals	\$	\$
<b>Grand Total</b>	<b>\$</b>	
HSA Goal		
Less Above Amount	-	\$
Amount to Fund		\$
Number of Months	÷	
Add'l Mo Contribution =		

I hereby authorize the Snow College Payroll Office to automatically deduct as a pre-tax deduction the amount indicated above from my monthly paycheck(s). All deductions will commence with the first payroll after the start of the new fiscal year on July 1<sup>st</sup> unless otherwise specified. Contributions are posted to HSA on the 7<sup>th</sup>-10<sup>th</sup> of month following payroll.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return completed form to the HR Department for new employees and during open enrollment period.