

## **Employee HSA Payroll Deduction Form**

Employee Name:		Last 4 SSN or Employee ID#:							
Please	withhold		froi	m my monthly	payroll an	d apply the	funds to my H	ISA.	
2022 HSA Contribution – Kaiser*			2022 HSA Contribution – WHA*			2022	2022 HSA Contribution –		
						Sutter Health Plus*			
						☐ I elect.			
overage	Total Annual	Per	Coverage	Total Annual	Per	Coverage	Total Annual	Per	
ype	Contribution	Month	Туре	Contribution	Month	Type	Contribution	Month	
E Only	\$2,800.00	\$233.33	EE Only	\$1,800.00	\$150.00	EE Only	\$1,500.00	\$125.0	
E + 1	\$5,600.00	\$466.67	EE + 1	\$3,600.00	\$300.00	EE + 1	\$3,000.00	\$250.0	
amily	\$5,600.00	\$466.67	Family	\$3,600.00	\$300.00	Family	\$3,000.00	\$250.0	
you're your o fundir	considered a ontributions.	n eligible If you cea	individual ase to be a	for the entire n eligible indiv	year and vidual duri	you're not ng the next	I as of Decemberequired to proceed to proceed to proceed to a permite of the permit	orate r, any	
deduc only c	tible. For 202 overage or \$	2, employ 7,300 for	yees may o family cov	contribute up	to an IRS byees that	maximum are age 5	the amount of \$3,650 for 5 and older	self	
Employee Signature						Date			

<sup>\*</sup>These rates are based on a 12-month calendar; rates will change for 10- and 11-month employees.