

Fulton County Government Authorization for Payroll Deduction/Health Savings Account Contribution

This form is for you to authorize your employer to deduct money from your paychecks throughout 2022

and deposit it

into your Health Savings Account (HSA) on a pretax basis. **To begin payroll deductions, you must be enrolled in the Anthem HSA Plan.** If you are enrolled in the Anthem HMO Plan, the Anthem POS Plan, or the Kaiser HMO Plan, you *cannot* contribute to this account. HSA payroll deductions continue through December 31, 2022. To make HSA contributions for the following plan year, you must make a new election. Money from your pay is deposited into your HSA account at Anthem Act Wise after each payroll run.

Return this form to employeebenefits@fultoncountyga.gov by the appropriate deadline. Please keep a copy for your records. Once your documentation is received and validated, your HSA will be opened and you will receive a welcome communication. Activate your debit Card! Be sure to activate your debit card within 2 pay cycles to ensure your contributions are available when you need them.

I wish to: Begin a deduction	☐ Change my deduction ☐ Stop my deduction			
Effective date:	(your payroll office can confirm	the effective date)		
Section 1: Employee Information				
Name (last, first, middle initial): Pr		one number:		
Mailing address:		ate of birth:		
Email address:	ail address: Age:			
Employee ID:				
Section 2: 2022 Contributions to Your	HSA			
		Individual HSA	Family HSA	
Employer contribution		\$750	\$1,500	
Maximum employee contribution*		\$2,900	\$5,800	
IRS maximum (employer + employee contributions)*		\$3,650	\$7,300	
*If you are age 55 or older in 2022, you o you are age 55 or older, the individual a This means you can request up to \$3,90	nnual maximum contribution would be			
Section 3: How Your Employee HSA C	Contribution Will Be Calculated			
I elect to contribute \$ and deduction requests for my HSA. [Write i 2022. The per-paycheck amount will be 24 pay periods (or, for midyear enrollinote: You risk paying IRS penalties if consider any amounts you have alread	n the total annual contribution you be determined by the Benefits Office ments, dividing by the number of pa you exceed the allowed annual con	want withheld from ye by dividing the ann ay periods remaining	your paycheck for ual amount by in the year). Please	
Section 4: Employee's Signature (Rec	juired)			
By signing this form, I am requesting tha agree to the preceding terms. I understa may be liable for tax penalties if I exceed Employee's signature:	nd that, per IRS rules, there are maxir d this amount.	mum limits I can contri	bute to my HSA, and I	
Benefits Office Use				
Annual contribution: \$ Remaining 2022 paychecks: (must match amount in Section 3)		Per-paycheck con	Per-paycheck contribution: \$	

HSA (09/2021)