



## Employee Authorization for Payroll Deduction to Health Savings Account

Return this form to AD 165 or e-mail completed form to [hrservicecenter@memphis.edu](mailto:hrservicecenter@memphis.edu). Keep a copy for your records.

**You must be enrolled in a consumer-driven health plan (CDHP) with a HSA before you can start a payroll deduction.**

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)  
Mailing address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_

Employee ID \_\_\_\_\_  
Work phone number \_\_\_\_\_  
Agency name \_\_\_\_\_

### Section 2: Calculate Your Maximum HSA Contribution

*Use the worksheet below to determine how much you can contribute to your HSA in 2022.*

	Select your enrollment status	
	Individual HSA	Family HSA
A. Maximum amount that can be put in your HSA for 2022	\$3,650	\$7,300
B. Are you age 55 or older? No, write \$0. Yes, write \$1,000		
C. How much your employer will contribute in 2022		
D. A + B - C = <i>The <b>most</b> you can contribute in 2022</i>		

If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a midyear change, be sure to include any amounts you have already contributed in 2022.

### Section 3: Calculate Your Per-Paycheck HSA Contribution

*Continue the worksheet to determine how much you will contribute to your HSA per paycheck.*

Individual HSA	Family HSA
Total from D. \$ _____	Total from D. \$ _____
E. Number of paychecks you will receive in 2022 _____	E. Number of paychecks you will receive in 2022 _____
F. D ÷ E = <i>This is the <b>most</b> you can contribute per paycheck</i> \$ _____	F. D ÷ E = <i>This is the <b>most</b> you can contribute per paycheck</i> \$ _____
Amount you elect to contribute to your HSA per paycheck <i>Can be any amount up to or less than F</i> \$ _____	Amount you elect to contribute to your HSA per paycheck <i>Can be any amount up to or less than F</i> \$ _____

### Employee's Signature Required

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.

**This request replaces any previous payroll deduction requests for my HSA.**

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

### HR Office Use

Employee's annual contribution	Number of paychecks remaining for 2022	Employee's contribution per paycheck
\$ _____	_____	\$ _____