



**TOWN OF ROCKY HILL**  
**761 Old Main Street, Rocky Hill, CT 06067**  
**HEALTH SAVINGS ACCOUNT**  
**PAYROLL DEDUCTION FORM**  
 (Rev. 05/02/2022)

Use this form to authorize pre-tax deductions from your paycheck to be automatically contributed to your Health Savings Account. Please keep a copy of this authorization for your records. Please contact the Payroll/Benefits Administrator or Human Resources with any questions.

**Establish Payroll Deduction Amount**

**Change Payroll Deduction Amount**

**ACCOUNT HOLDER INFORMATION**

Employee First Name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PAYROLL DEDUCTION**

\$ \_\_\_\_\_ . \_\_\_\_\_ Per Pay Period

**2022 and 2023 IRS CONTRIBUTION MAXIMUMS PER CALENDAR YEAR\***

**2022:** \$3,650 Individual Coverage  
 \$7,300 Family Coverage  
 \$1,000 Catch Up (Ages 55+)

**2023:** \$3,850 Individual Coverage  
 \$7,750 Family Coverage  
 \$1,000 Catch Up (Ages 55+)

**\*Contributions from ALL sources combined must not exceed your annual contribution limit for the calendar year. You must include your contributions and contributions made by others to your account, including the Town of Rocky Hill's contribution.**

I understand that in order to receive/make contributions to my Health Savings Account (HSA), I must meet all of the following HSA eligibility conditions:

1. I have self-only or family coverage under the Employer Group Health Plan, which I understand qualifies as a high deductible health plan (HDHP) under Code §223(c)(2).
2. I am not covered by any other non-HDHP, such as a spouse's non-HDHP.
3. I am not covered by a general purpose flexible spending account (Health FSA) or health reimbursement account (HRA).
4. I am not enrolled in Medicare or receiving health benefits under Tri-Care.
5. I have not received Veterans Administration (VA) benefits within the past three months for any non-service-connected disabilities.\*
6. I cannot be claimed as a dependent on another person's tax return.
7. I understand that contributions to my HSA cannot exceed IRS maximum contribution guidelines.

\*Title 38 of the United States Code, Section 101(17) defines "non-service-connected" as, with respect to disability, that such disability was not incurred or aggravated in line of duty in the active military, naval, or air service.

**The Plan Year runs July 1 through June 30.**

This authorization is to remain in full force and effect until the Town has received written notification from me of its termination in such time and in such manner as to afford the Town and Depository a reasonable opportunity to act on it.

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_