HSA Bank Payroll Deduction Form 2022

	Employee Name	Ball State ID#	Ball State ID #	
	□New Account □De	eduction Change	tion Change Stop Deduction	
	IRS Maximum Contribution for 2022: • Single Coverage = \$3,650 • Family Coverage = \$7,300 • Catch-up Contribution = \$1,000	Level of Medical Co ☐ Single ☐ Emplo	overage: oyee + Children Family	
	Contribution Details: In calculating your annual contribution, be aware of the amount that the University may be contributing on your behalf. These funds are applied towards the limit. Be sure that both contributions (Employee and Employer) do not exceed the annual IRS limit. The 2022 University contribution will be \$528.00 for Employee + Children or Family coverage.			
	Eight (8) Digit HSA Bank Account#	Date to Begin Dedu	Date to Begin Deduction**:	
	Employee Contribution Amount Per Pay:	2022 Calendar Year	Employee Contribution Goal:	
	\$	\$		
	Please remember that you must match/contribute a minim of 25% of the University seed amount to receive it each month.		your goal is met, your contributions ed to complete a new form to begin	
nd/or effective he 1 st o Plan Ye ontrib ollowin	se note that if your HSA Qualified coverage is effective begin contributions as early as the first day of the verage and day other than the 1 st day of the month, you day of the following month. If you had a General ear, it must have a zero balance as of December 3 autions on January 1 st . If your General Purpose FS. In the end of the plan's grace period to establish an ends on March 15 th , so April 1 st is the earliest defined.	e same month; however, in cannot establish your Hearnose Flexible Spendin 1st in order for you to estables a balance, then you your HSA and/or begin co	if your HSA Qualified coverage is HSA and/or begin contributions untiling Account (FSA) during the preceding ablish your HSA and/or begin must wait until the 1st of the month pontributions. The grace period for the	
moun nform	ing below I am authorizing Ball State University t will be applied as a contribution to my HSA acc the University in writing when I wish to alter or sibility to determine if I am eligible to make con	count under the Universit terminate this authorizate	ty's medical insurance HSA plan. I will	
	rm must be returned to the Payroll and Emplo ution date to process the HSA deduction.	yee Benefits Office at le	east 10 business days prior to pay	
	Employee Signature	Date		