

## Health Savings Account Deduction Form 2023

Effective the 1<sup>st</sup> of \_\_\_\_\_2023

Date

<b>Health Savings Account (</b>	HSA)					
expenses and prescriptions. year and \$2,000 for family of You may use available fund	Truman State coverage per y s in your HS	e University contribute year. Qualified medica A first to pay the cost of	ur tax-free contributions to use s to your HSA in the amount of l expenses are defined by Interrof of covered health expenses and in-network providers, you may	\$1,000 for independent of \$1,000 for indepen	ividual coverage per de Section 213 (d). ithout incurring a	
<b>Employee Information:</b>						
Name (Please Print)			Social Security Number	Bann	Banner ID Number	
			•			
Date of Birth			Hire Date 9-month 12-month Pay Schedule			
Da	ic of Birth		The Date	17	ly Schedule	
Street			City	ST	Zip	
Home Phone			Work Phone			
Maximum Allowable to C	Contribute	:				
Iaximum Allowable		Individual Coverage		Family Coverage		
IRS Guidelines		\$3,850*		\$7,750*		
Maximum you can contribute with						
Truman State University's contribution  *There is a \$1,000 catch-up contribution allo		\$2,850		\$5,750		
There is a \$1,000 caich-up con	iribuiion aiio	wea jor subscribers ag	ge 33 or older			
<b>Authorized Deductions fr</b>	om your p	aycheck:				
Deduct from each payo		om each paycheck	#of Paychecks in 2023	Annual Amount		
Individual Coverage			·			
Family Coverage						
Authorized Signature:						

Signature