

nployee HS				Health Equit			
curn completed form	ns to:						_9,
mpany name:							
n:							
::							
ail address:							
nnual emplo	yer contribu	ution infor	rmation				
Self-only			Family		Other (optional)		
or mid-year enrollee	s, contact your F	HR department	t for your pro-rated	employer election amo	unt.		
or mid-year enrollee otes					unt.		
ISA contributi	on limits ar	nd contrib		tor	022 annu	al HSA contributions	
ISA contributi 2 Coverage type	on limits ar 021 annual HSA Total annual	nd contrib contributions contribution*	ution calculat	Coverage type	022 annu	annual contribution*	Per month
Self-only	on limits ar 021 annual HSA Total annual \$3,	nd contrib contributions contribution*	Per month	Coverage type Self-only	022 annu	s3,650	\$304.16
ISA contributi 2 Coverage type	on limits ar 021 annual HSA Total annual \$3,	contributions contribution*	ution calculat	Coverage type	2 022 annu Total a	\$3,650 \$7,300	
Coverage type Self-only Family	on limits ar 021 annual HSA Total annual \$3,0 \$7,0 ge 55+): additional \$1	contributions contribution*	Per month \$300.00 \$600.00	Coverage type Self-only Family	2 022 annu Total a	\$3,650 \$7,300	\$304.16 \$608.33
Catch-up contribution (ap	on limits ar 021 annual HSA Total annual \$3,0 \$7,0 ge 55+): additional \$1	contributions contribution*	Per month \$300.00 \$600.00	Coverage type Self-only Family 'Catch-up contribution (a)	2 022 annu Total a	\$3,650 \$7,300 itional \$1,000/year	\$304.16 \$608.33

contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact HealthEquity Member Services at 866.346.5800.

Employee information and authorization						
Employee name	Last 4 of SSN or employee ID					
Please withhold \$ from my (weekly/bi-weekly/mor	from my (weekly/bi-weekly/monthly) payroll and apply the funds to my HealthEquity HSA.					
Signature	Date					