2023

The University of Tennessee

Employee Authorization for Payroll Deduction to Health Savings Account

Use this form to have money withheld from your paychecks and deposited into your health savings account (HSA) on a pre-tax basis.
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_____

Section 1: Employee Information

Name_____
      (*Last, First, Middle initial*)

Personnel Number   _____

Work phone number _____

Section 2: Calculate Your Maximum HSA Contribution
Use the worksheet below to determine how much you can contribute to your HSA in 2023.

	Select your enrollment status	
	Individual HSA	**Family HSA**
A. Maximum amount that can be put in your HSA for 2023	$3,850	$7,750
B. Are you age 55 or older? **No**, write $0. **Yes,** write $1,000	+	+
C. How much your employer will contribute in 2023	- $ 500-	- $1,000-
D. A + B – C = *The **most** you can contribute in 2023*	=	=

If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a mid-year change, be sure to include any amounts you have already contributed in 2023.

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 remaining in 2023 _____ (if paid biweekly max is 24)	E. Number of paychecks remaining in 2023 _____ (if paid biweekly max is 24)
F. D ÷ E = $_____ *This is the **most** you can contribute per paycheck* *(You can preload and use more but you must complete a second form stopping the larger contribution)*	F. D ÷ E = $ _____ *This is the **most** you can contribute per paycheck* *(You can preload and put more, but you must complete a second form stopping the larger contribution)*
Amount you elect to contribute to your HSA **per paycheck** $_____ *Can be any amount up to or less than F*	Amount you elect to contribute to your HSA **per paycheck** $_____ *Can be any amount up to or less than F*

Instead of a year long payroll deduction you also have the option to "front load" your HSA account and then stop deductions after you reach the IRS max. (ex: elect four (4), $962.50 deductions during the beginning of the year and then stop the deduction.)

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

Return this form to 505 Summer Place - 937 UT Tower • Knoxville, Tennessee 37902 •
(865) 974-5251 • payroll@tennessee.edu   Keep a copy for your records.