

CITY OF FORT BRAGG

Health Savings Account Employee Contribution Deduction Authorization Form (FY2023-2024)

Employees may elect to contribute any amount per pay period up to the maximum per period as indicated below. Health Saving Account contribution deductions are deducted from all <u>26</u> pay periods of each month and are made on a pre-tax basis. Please indicate the amount you desire to contribute on a PER PAY PERIOD (PPE) basis, and check the level of dependent coverage you have.

I, the undersigned, hereby a referenced amount for depo		•		uct pre-tax the	e below	
Medical Coverage:	Single PPE Cred		ited to 1st check of month = (\$61.40)			
	Employee+1 PPE Credited to 1st che			f month = (\$13	30.80)	
	Family PPE Credited to 1st check of month = (\$186.00)			36.00)		
	(Selec	(Select appropriate coverage)				
If you choose to have an ac The combined credit and th	dditional amount deduc he additional contributi	cted to the em on <u>cannot</u> exc	ployee's HSA acco eed the IRS limits	unt, please indic stated below.	cate here.	
Additional Contribution	per Pay Period (<u>26</u> p	pay periods):	\$			
If nothing is marked, t applied.**	then only the amoun	t applicable t	to the HSA covera	age level will b	e	
It is the employee's respo	nsibility to ensure co	ontribution lir	nits are not excee	eded. Exceedin	g limits	
could result in negative tax consequences for the employee.						
BE SURE TO INCLUDE A COPY OF THE BANK ACCOUNT # & ROUTING # FROM YOUR HSA BANK.						
**If no bank account information is provided, you are, by signing below, acknowledging bank account information remains the same as FY 2022-23 election. ** Signature Date						
HSA Plan Maximum Allowed C cited do not include \$1,000 ca			Employee Only	Employee+1	<u>Family</u>	
2023 IRS Limits			\$3,850.00	\$7,750.00	\$7,750.00	
Total Annual City Contribution (1st PAY CHECK OF MONTH)			\$ 736.80	\$1,569.60	\$2,232.00	
Maximum Annual Employee Contribution			\$3,113.20	\$6,180.40	\$5,518.00	
Maximum Pay Period Employee Contribution (26 PAY PERIODS)			\$ 119.73	\$ 237.70	\$ 212.23	
Name of Bank, Savings and Loan, or Credit Union Transit Routing Number						
City and State Location Account		Number				